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MISSOURI DEPARTMENT OF CORRECTIONS  
INSTITUTIONAL SERVICES  
POLICY AND PROCEDURE MANUAL  
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IS12-2.2 Management of Destructive, Potentially Self-Injurious Behavior Effective Date: October 1, 1999

George A. Lombardi, Director  
Division of  
Adult Institutions

R. Dale Riley, Director  
Division of Offender  
Rehabilitative Services

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I. **PURPOSE:** This procedure provides guidelines for dealing with the destructive, potentially self injurious behavior of offenders; to ensure all reasonable steps are taken to decrease or eliminate the behavior and to ensure appropriate documentation is made of such incidents.

A. **AUTHORITY:** 217.040, 217.175, 217.420 RSMo

B. **APPLICABILITY:** Each superintendent of any facility housing offenders under the jurisdiction of the Division of Adult Institutions or Division of Offender Rehabilitative Services will develop standard operating procedures based on the guidelines established herein.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITIONS:**

A. **Destructive, Potentially Self-injurious Behavior:** Behavior which is determined not to result from mental illness or other serious psychological disturbance. Examples would include: repeated verbal threats of harm, instances of superficial self harm in an attempt to obtain special privileges or housing arrangements.

III. **PROCEDURES:**

A. The initial response to destructive or potentially self-injurious behavior will include consideration of the full range of options available to manage this behavior. This includes the use of restraints, suicidal intervention procedures, involuntary administration of psychotropic

medication and/or referral to specialized mental health units.

- B. Custody staff will use necessary restraints to control any offender observed to be engaging in serious acts of physical aggression towards her/himself (i.e., head banging, swallowing of foreign objects, cutting self, etc.) regardless of the perceived motives involved.
- C. When incidents of destructive or potentially self-injurious behavior are determined by the mental health professional to be manipulative in nature, a conduct violation may be written (e.g., malingering, self mutilation, etc.) by designated staff.
- D. When attempts to deal with the offender's behavior through the above process lead to a determination by the mental health professional that the offender's threats are manipulative, the mental health professional will ensure that the following are documented in the offender's medical and classification files:
  - 1. the offender's past and present behavior regarding the issue of destructive and potentially self-injurious behavior;
  - 2. prior measures utilized in dealing with the offender's destructive and potentially self-injurious behavior;
  - 3. the opinion that the offender is engaging in manipulative behavior and that gestures of self harm do not result from mental illness;
  - 4. the reason, for the overall good of the institution, staff cannot give in to the offender's demands and why usual procedures designed to prevent self harm are no longer appropriate;
  - 5. any recommendations that the mental health professional may have in the management of this particular incident, which will be documented and forwarded to appropriate staff.

#### **IV. ATTACHMENTS:**

- A. None

#### **V. REFERENCES:**

- A. IS11-66.2 Use of Medical Restraints Procedure
- B. IS12-4.1 Suicide Intervention Procedures
- C. IS12-6.1 Use of Psychotropic Medications
- D. IS20-2.3 Mechanical Restraints

**VI. HISTORY:**

- A. Original Effective Date: April 30, 1991
- B. Revised Effective Date: October 1, 1999

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MISSOURI DEPARTMENT OF CORRECTIONS  
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IS12-3.4 Special Needs Unit

Effective Date: July 1, 1997

George A. Lombardi, Director  
Division of  
Adult Institutions

R. Dale Riley, Director  
Division of Offender  
Rehabilitative Services

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I. **PURPOSE:** This procedure provides guidelines for the operation of the Special Needs Unit at Potosi Correctional Center.

- A. **AUTHORITY:** 217.175, 217.230 RSMo
- B. **APPLICABILITY:** Each superintendent of any facility housing offenders under the jurisdiction of the Division of Adult Institutions or Division of Offender Rehabilitative Services will develop standard operating procedures based on the guidelines established herein.
- C. Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITIONS:**

- A. **Project Coordinator:** The Potosi Correctional Center functional unit manager assigned to represent the Department of Corrections in directing the development and implementation of the project. This position will supervise the correctional caseworker II and sergeants assigned to the Special Needs Unit.
- B. **Project Director:** A staff person of the Division of Mental Retardation and Developmental Disabilities, Department of Mental Health, assigned to represent the Department of Mental Health in directing the development and implementation of the project.
- C. **Treatment Team:** A group consisting of, but not limited to, the project director, psychiatrist, psychologist, special education teacher, registered nurse, clinical caseworker II, corrections officer Is or IIs, other specialists and the offender.
- D. **Correctional Caseworker II:** The correctional caseworker II

assigned to the Special Needs Unit as the supervisor of the Department of Corrections staff working in the Special Needs Unit.

### III. PROCEDURES:

#### A. Department of Corrections Responsibilities:

1. A liaison will be assigned from the Department of Corrections Central Office as a contact person for the Department of Mental Health Central Office and for the project director concerning communications related to joint departmental issues.

#### B. Department of Corrections Responsibilities - Division of Adult Institutions:

1. Responsibilities of the project coordinator should be to provide line supervision to the correctional caseworker II and to represent the Department of Corrections in directing the implementation of the Special Needs Unit.
2. Responsibilities of the correctional caseworker II should be to:
  - a. coordinate development and implementation of the program between the Special Needs Unit and the Potosi Correctional Center staff,
  - b. directly supervise the Department of Corrections staff assigned to the project,
  - c. assist in training Special Needs Unit staff concerning all aspects of the project,
  - d. assist in development and implementation of treatment plans,
  - e. assist in developing and obtaining services, activities and support items needed by the project, and
  - f. assist in developing a continuous quality improvement plan for evaluation of the project.
3. The Division of Adult Institutions staff are responsible for the security and safety of the public, staff and offender population. The Potosi Correctional Center should provide the following support:
  - a. personnel functions,

- b. accounting and business office functions,
- c. maintenance and support services as needed to maintain the existence of the unit,
- d. staff for activities including, but not limited to, services such as:
  - 1. religious activities,
  - 2. canteen operations,
  - 3. food service,
  - 4. visitation, and
  - 5. law library.
- e. 14 corrections officers with supervision assigned to the caseworker/functional unit manager.

C. Department of Corrections Responsibilities - Correctional Medical Services:

- 1. The Correctional Medical Services staff should support the Special Needs Unit by:
  - a. processing Special Needs Unit offender sick call,
  - b. providing regular ancillary medical services pursuant to contractual obligations such as:
    - 1. laboratory,
    - 2. x-ray,
    - 3. optometry,
    - 4. dental,
    - 5. podiatry, etc.
  - c. providing and dispensing all medication in a timely manner as ordered by Correctional Medical Services physicians and by the Special Needs Unit psychiatrist.

D. Department of Mental Health Responsibilities - Division of Mental Retardation and Developmental Disabilities:

- 1. The Division of Mental Retardation and Developmental Disabilities should assign to the Department of Corrections a project director to direct all unit

operations and supervise Department of Mental Health treatment or support staff. Responsibilities of this position include:

- a. direct the development, training and consultation in the areas of mental retardation and developmental disabilities for the Department of Corrections staff,
- b. direct the development and training in the area of program implementation for Department of Corrections staff,
- c. coordinate the development of treatment plans for each identified inmate including recommending individual services, activities and support,
- d. direct the development of a plan for reintegration into the general population as appropriate,
- e. direct the development of a pre-release plan for each inmate, as appropriate, for post-incarceration services within the community,
- f. coordinate the development of continued quality improvement criteria to track and evaluate the project,
- g. maintain a manual of written documentation outlining in detail a description of the processes and procedures of the project, and
- h. evaluate resources and make recommendations.

2. Mental Retardation and Developmental Disabilities will further:

- a. assign qualified treatment staff as deemed needed to ensure a full interdisciplinary team to provide treatment services, as outlined in Department of Mental Health Treatment Standards (Attachment A),
- b. provide equipment and supplies necessary to maintain Department of Mental Health employees, and
- c. provide assistance concerning psychotropic medications not listed in the corrections formulary.

E. Screening, evaluation and placement determination:

1. Offenders should be screened to determine the presence of a developmental disability by Department of Mental

Health psychologists.

2. Individuals to be screened should be selected by Department of Corrections psychologists and processed to the Department of Mental Health project director.
  3. Department of Mental Health staff will then select Division of Mental Retardation and Developmental Disabilities psychologists and coordinate their scheduling to achieve the evaluations.
- F. The Special Needs Unit should utilize the treatment team approach in developing, implementing and evaluating individualized treatment plans for each offender assigned to the unit.
1. Treatment should be structured to habilitate or rehabilitate, utilizing professional acceptable standards including an Individual Treatment Plan (Attachment B).
  2. Strategies, treatment procedures and program confinements should all be evaluated using the criterion of "least restrictive alternatives" thus, no procedure should be implemented if a less restrictive procedure would work.
  3. Offenders have the right to refuse treatment, however, offenders who refuse treatment or fail to make reasonable progress may be considered for reassignment from the Special Needs Unit.
  4. IS8-2.1 Offender Grievance Procedure should be used to ensure offenders retain the right to formally protest action they consider inappropriate.
  5. A specific Special Needs Unit treatment procedures manual and standard operating procedures designed to ensure safety and security while implementing treatment strategies designed to change dysfunctional behavior will be developed jointly by the project director and the project coordinator.
    - a. These procedures will be approved by the Potosi superintendent.
    - b. Regular reviews and revision of the Special Needs Unit treatment procedures manual will be conducted.
    - c. All procedures will be determined by the treatment team of which the offender is encouraged to be an active participant.



- G. Assignment to Special Needs Unit:
  - 1. Consent for treatment is considered to be a critical element to successful therapy. However, assignment to the unit is an administrative decision based upon an offender's eligibility and the perceived need for special services. It is acknowledged that some individuals who actually need services may be inclined to refuse admission or leave if it was a voluntary decision.
  - 2. Once assignment to the unit has been decided, a comprehensive assessment process will be utilized to direct the treatment plan strategy development.
  - 3. An annual review process should be used to update the assessment data, revise quarterly progress reports and set goals and objectives for another year.
  - 4. A discharge summary should be completed for all offenders being discharged or removed from the Special Needs Unit.
- H. Each offender assigned to the unit should be afforded general services and the opportunity to take part in Special Needs Unit privileges regardless of the inmate's security level.
  - 1. As inmates progress through treatment, the services/privileges may be changed or increased accordingly.
  - 2. The Individual Treatment Plan should specify how services/privileges are provided.
- I. Reports/Logs: The following records will be maintained by the Special Needs Unit:
  - 1. A daily roster of offenders assigned shall be maintained.
  - 2. An Individual Confinement Record (Attachment C) should be maintained on some offenders assigned to the unit per team decision.
  - 3. Special security orders and special needs should be noted in the Individual Confinement Record. All staff in the unit should know and follow all special orders.
  - 4. Staff in the unit should maintain a daily Chronological Log (Attachment D) noting all events which take place, including unusual behavior, additional information and/or observations by staff.
  - 5. Persons entering the unit, except for staff assigned,

should sign the Sign-In Log (Attachment E).

6. All logs and reports should be maintained for five years.
- J. Offenders in this unit may interact with the general population as outlined in the Individual Treatment Plan.
- K. Projected treatment outcomes should be identified during the initial treatment plan development based upon long range goals of reintegration into the general population and/or release from incarceration into society.
- L. Restraints may be used in accordance with IS20-2.3 Mechanical Restraints.
- M. Conduct Violations: All rule violations will be documented on the Report of Offender Behavior (Attachment F).
  1. If it is a targeted behavior, the staff person will take the corrective action indicated in the offender's file.
  2. This form will be reviewed by the treatment team the next working day and a determination will be made as to whether a Conduct Violation Report (Attachment G) should be written or other corrective action should be taken.
  3. If a conduct violation is written, the disciplinary hearing officer/adjustment officer should not be a member of the treatment team. The disciplinary hearing officer/adjustment officer should confer with the treatment team to ensure sanctions fall within the parameters of the defined needs of the offender and to initiate review of, and changes to, the Individual Treatment Plan.
- N. A programming schedule will be maintained for the Special Needs Unit:
  1. Treatment activities should initially be scheduled for daily activities by the treatment team.
  2. The degree of program involvement for each offender should not be determined by the unit schedule, but rather by each Individual Treatment Plan.
- O. Staff Training: A forty hour orientation course should be coordinated by the Department of Mental Health for staff assigned to the Special Needs Unit. Information provided in the training is included in the Orientation Training Curriculum manual.
- P. Quality Improvement Plan:

1. Evaluation of performance or outcome should entail collecting and classifying information and then relating it to those qualities or attributes identified as important or desired in reducing inappropriate, maladaptive or disruptive behavior.
2. Before any evaluation, the treatment team should identify which qualities or attributes are important or intended. These qualities or attributes must then be written as performance measures.
3. Objective outcomes should be determined for each item.
4. The treatment team should act as a quality assurance committee. Data will be reviewed on an on-going basis and presented to the team for discussion. Programmatic or individual offender procedure changes should then be implemented.
5. The treatment team should develop a written annual analysis. The analysis should be submitted to the chief of mental health services, the division director of adult institutions and the division director of mental retardation and developmental disabilities.

**IV. ATTACHMENTS:**

- A. DMH QMRP Standards
- B. Individual Treatment Plan (being developed)
- C. Individual Confinement Record
- D. Chronological Log
- E. Sign-in Log
- F. Report of Offender Behavior (being developed)
- G. Conduct Violation Report

**V. REFERENCES:**

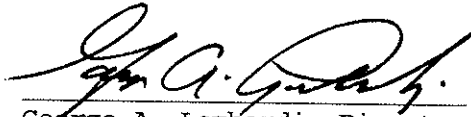
- A. IS8-2.1 Offender Grievance Procedure
- B. IS20-2.3 Mechanical Restraints

**VI. HISTORY:** This procedure was not preceded by any other procedure or division rule.

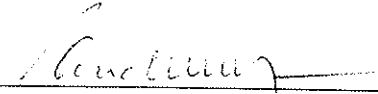
- A. Original Effective Date: 09-09-94
- B. Revised Effective Date: 07-01-97

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MISSOURI DEPARTMENT OF CORRECTIONS  
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IS12-3.3 Social Rehabilitation Units Effective: May 30, 2003



George A. Lombardi, Director  
Division of  
Adult Institutions



Randee Kaiser, Director  
Division of  
Offender Rehabilitative Services

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I. PURPOSE: This procedure establishes guidelines for the efficient operation of the social rehabilitation unit at Farmington Correctional Center, including distinctive areas of responsibility of both the Department of Corrections and the Department of Mental Health.

A. AUTHORITY: 217.175 RSMo

B. APPLICABILITY: Standard operating procedures specific to provisions of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, psychiatrist/physician, institutional chief of mental health services, other professional medical providers and the superintendent/designee.

C. SCOPE: Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. DEFINITIONS:

A. Health Services Administrator: Serves as the site medical health authority responsible for the delivery of contract services at her/his assigned institution.

B. Institutional Chief of Mental Health Services: A designated qualified mental health professional who is responsible for the oversight of mental health services at an institution.

C. Regional Mental Health Manager: A department of corrections mental health professional assigned to oversee and coordinate the mental health services of offenders within a designated region.

D. Social Rehabilitation Unit: A mental health unit within Farmington Correctional Center that provides residential

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mental health care. The unit is designed to provide the security, medication, and counseling services required to maintain the optimum level of institutional and mental health adjustment possible for offenders with significant mental illness. This unit is not intended to provide either acute psychiatric care or intermediate hospital care.

### III. PROCEDURES:

- A. Criteria for admission to the social rehabilitation unit is designed to meet the needs of offenders with significant mental illness who cannot adequately function in the general population due to mental illness. Criteria for placement must include a level 4 mental health score and at least one of the following:
  - 1. chronic psychological problems that lead to significant difficulty functioning in the general population, including, but not limited to:
    - a. recurrent victimization due to poor coping abilities,
    - b. poor adherence to rules due to the inability to understand rules, and
    - c. recurring psychotic symptoms;
  - 2. refusal to take psychotropic medication or is on medication and is not stabilized;
  - 3. mental retardation where the above criteria are met;
  - 4. custody level 4 or less;
  - 5. custody level 5 offenders must have an administrative override by the central transfer authority.
- B. Referral to a social rehabilitation unit shall be as follows:
  - 1. all referrals to a social rehabilitation unit will only be made by the institutional chief of mental health services or a psychiatrist and approved by the designated regional mental health manager;
  - 2. the institutional chief of mental health services will evaluate the offender and coordinate transfer through the designated regional mental health manager;
  - 3. if the offender is deemed appropriate for transfer to the social rehabilitation unit, the institutional chief of mental health services will complete a social rehabilitation unit referral packet and send it to the designated regional mental health manager.

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4. documentation recommending referral will include a referral summary by the institutional chief of mental health services. The referral packet will include the following:
    - a. current face sheet;
    - b. current diagnostic summary report from caseworker;
    - c. psychiatric report (if available);
    - d. current mental health evaluation (including behavioral summary and diagnostic impressions);
    - e. list of current medications;
    - f. pre-sentence investigation (PSI), (if available);
    - g. admission assessment from Biggs Correctional Treatment Unit (if available); and
    - h. Initial Classification Analysis (ICA) - Mental Health (MH) Needs form (Attachment A) or Reclassification Analysis (RCA) - Mental Health (MH) Needs form (Attachment B).
  5. the designated regional mental health manager will initiate the appropriate transfer procedures;
  6. prior to transfer, the caseworker will meet with any offender on protective custody status to obtain a signed Protective Custody Needs Assessment Waiver (Attachment C);
  7. the transfer request will be directed through the central transfer authority. Offenders being assigned to an in-house unit will not need to be processed through transfer procedures.
- C. Responsibilities of the Department of Corrections include:
1. screening referrals to the social rehabilitation unit;
  2. providing transportation of the offender to Farmington Correctional Center;
  3. organizing and managing the social rehabilitation unit as a corrections housing unit; thus, the department of corrections is responsible for the maintenance and repair of the physical facility, for internal and perimeter security, and for all clothing and personal property of the offender;

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4. providing approved support and programs, as provided in standard operating procedures;
  5. providing nonpsychiatric medical services via the contracted medical provider;
  6. staff all custody and classification positions within the social rehabilitation unit, including the functional unit manager, caseworkers, classification assistants, and custody;
  7. providing necessary psychotropic medications via the contracted medical provider. Liquid psychotropic medication will be provided as possible;
  8. providing office space for the Department of Mental Health nursing and caseworker staff;
  9. providing on-site monitoring of the program through the institutional chief of mental health services; and
  10. providing psychiatric services sufficient to appropriately monitor offenders on psychotropic medications.
- D. Responsibilities of the Department of Mental Health include:
1. providing clinical caseworkers to provide ongoing care and treatment services;
  2. providing nursing staff to dispense and monitor psychotropic medications.
- E. The classification file will be maintained by the department of corrections and the medical file will be maintained by the contract medical provider. Ward charts will be maintained for each offender by mental health staff on the social rehabilitation unit.
1. The ward chart will include psychotropic medication information, treatment summaries, treatment updates and discharge plans.
  2. At the time an offender is transferred to an institution or sent to a treatment facility, a copy of the treatment/transfer narrative, prepared by the social rehabilitation unit staff, will be sent with the transporting staff member to the medical unit at the receiving institution.
    - a. The original treatment/transfer narrative will be retained in the medical file with a copy to the institutional chief of mental health services.

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- b. The health services administrator will be responsible for notifying the institutional chief of mental health services as soon as possible during the same working day that the information has been received.

#### F. Transfer and Discharge Procedures

1. In all instances, transfer out of a social rehabilitation unit must be approved in writing by the designated regional mental health manager. Documentation must include the offender's current ability to manage in the general population.
2. Placement in another housing unit will be in accordance with standard operating procedures.
3. Transfer to another institution will be in accordance with IS5-2.5 Offender Transfers.
4. At the time an offender is discharged, a copy of the clinical caseworker's treatment narrative will be sent to the institutional chief of mental health services and the health services administrator to facilitate followup care.
5. A Reclassification Analysis (RCA) - Mental Health (MH) Needs form will be completed by social rehabilitation unit staff and sent to classification.
6. Upon discharge or transfer from a social rehabilitation unit, the mental health ward chart will be sent to the medical unit for inclusion in the offender's medical record.

#### IV. ATTACHMENTS:

- A. 931-0354 Initial Classification Analysis (ICA) - Mental Health (MH) Needs
- B. 931-0730 Reclassification Analysis (RCA) Mental Health (MH) Needs
- C. 931-3564 Protective Custody Needs Assessment Waiver

#### V. REFERENCES:

- A. IS5-2.5 Offender Transfers
- B. IS21-1.3 Protective Custody

#### VI. HISTORY: Not previously covered by division rules.

- A. Original Effective Date: 4-30-91
- B. Revised Effective Date: 05/30/03





INITIAL CLASSIFICATION ANALYSIS (ICA) - MENTAL HEALTH (MH) NEEDS

OFFENDER NAME

DCC NUMBER

DATE OF BIRTH

INSTRUCTIONS: "X" APPROPRIATE LEVEL AND ENTER THE MH-SCORE

☐ **MH-5 SEVERE FUNCTIONAL IMPAIRMENT DUE TO MENTAL HEALTH DISORDER** (To be completed by Qualified Mental Health Professional)

Offender requires intensive psychiatric treatment at the Biggs Correctional Unit (BCU) or Corrections Treatment Center (CTC), or, Offender requires frequent mental health contacts, psychotropic medications and a structured living unit in a correctional institution. All clinical criteria below must apply:

- Offender's current mental status shows severe impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,
- Offender is imminently dangerous to self or others as a result of a mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-4 SERIOUS FUNCTIONAL IMPAIRMENT DUE TO A MENTAL DISORDER** (To be completed by Qualified Mental Health Professional)

Offender requires intensive or long-term inpatient or residential psychiatric treatment at the Social Rehabilitation Unit (SRU), Corrections Treatment Center (CTC) or Women's Social Rehabilitation Unit (WSRU) or, Offender requires frequent psychological contacts and psychotropic medications to be maintained in a general population setting. All clinical criteria below must apply:

- Offender's current mental status shows severe impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,
- Offender is gravely psychologically disabled due to a mental disorder or mental retardation,
- Offender is not imminently dangerous to self or others as a result of a mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-3 MODERATE LEVEL OF MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional)

Offender requires regular psychological services and/or psychotropic medication in a general population setting. All clinical criteria below must apply:

- Offender's current mental status does not show any impairment in reality testing ability,
- Offender is not imminently dangerous or gravely disabled due to their mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-2 MILD LEVEL OF MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional)

Offender may benefit from brief episodes of counseling or psychotherapy. Offender can be maintained in a general population setting. Clinical Criteria ("X" all that apply)

- ☐ Offender experiences mild or minor mental disorder symptoms that can be treated with psychological interventions
- ☐ Offender's social history contains evidence of a suicide attempt or psychiatric hospitalization within the last 1 year

☐ **MH-1 NO CURRENT MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional)

Offender does not require any routine mental health services. Offender is not requesting any mental health treatment. Offender can be maintained in general population setting. Clinical Criteria ("X" all that apply)

- ☐ Offender is not seeking mental health treatment
- ☐ Offender's social history does not contain evidence of suicide attempt or psychiatric hospitalization within the last 1 year

MH - SCORE ►

SIGNATURE OF SCORER

TITLE OF SCORER

DATE



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS

Attachment B

RECLASSIFICATION ANALYSIS (RCA) - MENTAL HEALTH (MH) NEEDS

OFFENDER NAME

DCC NUMBER

DATE OF BIRTH

INSTRUCTIONS: "X" APPROPRIATE LEVEL AND ENTER THE MH-SCORE

☐ **MH-5 SEVERE FUNCTIONAL IMPAIRMENT DUE TO MENTAL HEALTH DISORDER** (To be completed by Qualified Mental Health Professional)

- Offender requires intensive psychiatric treatment at the Biggs Correctional Unit (BTCU) or Corrections Treatment Center (CTC), or, Offender requires frequent mental health contacts, psychotropic medications and a structured living unit in a correctional institution. All clinical criteria below must apply:
- Offender's current mental status shows severe impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,
  - Offender is imminently dangerous to self or others as a result of a mental disorder, and,
  - Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-4 SERIOUS FUNCTIONAL IMPAIRMENT DUE TO A MENTAL DISORDER** (To be completed by Qualified Mental Health Professional)

- Offender requires intensive or long-term inpatient or residential psychiatric treatment at the Social Rehabilitation Unit (SRU), Corrections Treatment Center (CTC) or Women's Social Rehabilitation Unit (WSRU) or, Offender requires frequent psychological contacts and psychotropic medications to be maintained in a general population setting. All clinical criteria below must apply:
- Offender's current mental status shows impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,
  - Offender is gravely psychologically disabled due to a mental disorder or mental retardation,
  - Offender is **not** imminently dangerous to self or others as a result of a mental disorder, and,
  - Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-3 MODERATE LEVEL OF MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional)

- Offender requires regular psychological services and/or psychotropic medication in a general population setting. All clinical criteria below must apply:
- Offender's current mental status **does not** show any impairment in reality testing ability,
  - Offender is **not** imminently dangerous or gravely disabled due to their mental disorder, and,
  - Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-2 MILD LEVEL OF MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional or authorized manual user)

- Offender may benefit from brief episodes of counseling or psychotherapy. Offender can be maintained in a general population setting. Clinical Criteria ("X" all that apply)
- ☐ Offender experiences mild or minor mental disorder symptoms that can be treated with psychological interventions
  - ☐ Offender's social history contains evidence of a suicide attempt or psychiatric hospitalization within the last 1 year

☐ **MH-1 NO CURRENT MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional or authorized manual user)

- Offender does not require any routine mental health services. Offender is not requesting any mental health treatment. Offender can be maintained in general population setting. Clinical Criteria ("X" all that apply)
- ☐ Offender is **not** seeking mental health treatment
  - ☐ Offender's social history **does not** contain evidence of suicide attempt or psychiatric hospitalization within the last 1 year

MH - SCORE ▶

SIGNATURE OF SCORER

TITLE OF SCORER

DATE



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS

Attachment C

PROTECTIVE CUSTODY NEEDS ASSESSMENT/WAIVER

NAME OF INSTITUTION

INMATE NAME

REGISTER NUMBER

HOUSE/UNIT

DATE

I have been interviewed this date to determine my protective custody needs. The following statement which I have checked and initialed clearly indicates my need or lack of need for protective custody.

CHECK ✓

INITIALS

STATEMENT

I do not feel that I need protective custody. I am not aware of any enemies among the inmate population, and do not believe I am in any danger.

Because of enemies in the general population I am requesting protective custody for the present time. See attached Enemy Listing (MO 931-3511).

The circumstances or persons which caused me to request protective custody are no longer present in this institution. I therefore request to be released from protective custody back to general population. I assume full responsibility for my safety.

I request release from protective custody status upon my transfer to \_\_\_\_\_

To my knowledge I have no enemies in the population at the above named institution and I will be able to live in its general population.

INMATE SIGNATURE

REGISTER NUMBER

DATE

STAFF WITNESS SIGNATURE

TITLE

DATE

STAFF WITNESS SIGNATURE

TITLE

DATE

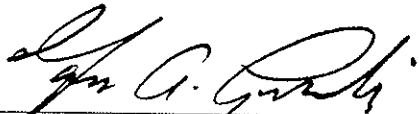
I HAVE REVIEWED THE ABOVE REQUEST AND IT IS ☐ APPROVED ☐ DENIED

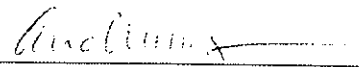
SIGNATURE OF INSTITUTIONAL HEAD

DATE

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MISSOURI DEPARTMENT OF CORRECTIONS  
INSTITUTIONAL SERVICES  
POLICY AND PROCEDURE MANUAL  
\*\*\*\*\*

IS12-3.2 Corrections Treatment Center      Effective: May 30, 2003

  
George A. Lombardi, Director  
Division of  
Adult Institutions

  
Randee Kaiser, Director  
Division of  
Offender Rehabilitative Services

\*\*\*\*\*

I. PURPOSE: This procedure establishes guidelines, admission criteria and transfer procedures for assignment to the Corrections Treatment Center at Farmington Correctional Center, including distinctive areas of responsibility of both the Department of Corrections and Department of Mental Health.

A. AUTHORITY: 217.175, 217.230 RSMo

B. APPLICABILITY: Standard operating procedures specific to provisions of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, psychiatrist/physician, institutional chief of mental health services, other professional medical providers and the superintendent/designee.

C. SCOPE: Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. DEFINITIONS:

A. Corrections Treatment Center (CTC): A mental health treatment unit within the Farmington Correctional Center that is staffed primarily for the purpose of providing intermediate to long-term psychiatric treatment to chronic mentally ill offenders within an inpatient setting.

B. Institutional Chief of Mental Health Services: A designated qualified mental health professional who is responsible for the oversight of mental health services at an institution.

C. Regional Mental Health Manager: A department of corrections mental health professional assigned to oversee and coordinate the mental health services of offenders within a designated region.

Effective: May 30, 2003

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## III. PROCEDURES:

- A. Offenders may be transferred to the corrections treatment center if they have a level 4 or above mental health score and have one or more of the following criteria:
  - 1. chronic mental illness which leads to significant difficulty in functioning in an institution;
  - 2. chronic mental illness requiring segregation from the general population;
  - 3. noncompliance with, or instability on, psychotropic medication;
  - 4. custody level 4 or below;
  - 5. custody level 5 offenders permitted only upon administrative override by the central transfer authority.
- B. Offenders who are not appropriate for the corrections treatment center program include those who possess symptoms of personality disorder or mental retardation only, without the criteria established in III. A. 1 through 5.
- C. Staff wishing to refer an offender to the corrections treatment center must contact the institutional chief of mental health services within the institution to which the offender is assigned.
  - 1. The institutional chief of mental health services will evaluate the offender for possible admission to the corrections treatment center.
  - 2. If deemed appropriate, the institutional chief of mental health will:
    - a. contact the office of the designated regional mental health manager to discuss the possible referral;
    - b. notify the unit team of the potential referral via the Reclassification Analysis (RCA) - Mental Health (MH) Needs form (Attachment A) so that the transfer process may be initiated;
    - c. provide a packet to the designated regional mental health manager at the Farmington Correctional Center. The packet shall include the reason for referral and the following information:
      - (1) current face sheet;

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- (2) current diagnostic summary report from caseworker;
  - (3) psychiatric report (if available);
  - (4) current mental health evaluation (including behavioral summary and diagnostic impressions);
  - (5) list of current medications;
  - (6) pre-sentence investigation (PSI), if available;
  - (7) admission assessments from Biggs Correctional Treatment Unit (if applicable); and
  - (8) Initial Classification Analysis (ICA) - Mental Health (MH) Needs (Attachment B) or Reclassification Analysis (RCA) - Mental Health (MH) Needs form.
3. Once the offender has been determined to be appropriate for transfer, the designated regional mental health manager/designee will provide written notification to the central transfer authority to facilitate approval and transportation arrangements.
4. At the time of transfer, the classification and medical files will be transported and delivered to the corrections treatment center staff.
- D. The Department of Mental Health will be responsible for:
  1. providing program staff and supplies necessary to provide a mental hospital program;
  2. providing basic sick call within the unit;
  3. supervising offender movement within the unit;
  4. ensuring basic housekeeping services; and
  5. providing the final preparation of food.
- E. The Department of Corrections will screen referrals to the program, provide transportation to the facility and be responsible for:
  1. the maintenance and repair of the physical unit;
  2. requesting capital improvements through the budget process;

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3. delivering food supplies to the food service area of the unit;
  4. clothing and personal property of the offenders;
  5. perimeter security, as well as assistance within the unit during any major disturbance;
  6. medical services required beyond basic sick call;
  7. operation of the visiting room;
  8. routine classification services; and
  9. supervising offender movement outside of the unit.
- F. A corrections treatment center offender identified as requiring protective custody will be provided necessary mental health services.
1. Offenders on protective custody status at the time of referral to the corrections treatment center will be placed within the single cell unit utilized for the initial evaluation of all offenders transferred to the corrections treatment center. The needs of the offender will be assessed and appropriate action as outlined in F. 3. will be taken.
  2. Offenders requesting protective custody who are already patients at the corrections treatment center will be immediately escorted to a segregation cell until the request can be evaluated and options discussed by mental health staff and a corrections caseworker. The evaluation will occur by the following work day and will be documented/processed according to IS21-1.3 Protective Custody procedures.
  3. The possibility of providing services within the single cell reception/segregation area will be assessed. If this cannot be accomplished due to space or program limitations, the offender may be secured in his room, with staff escorts while out of the room, or will be transferred to an appropriate protective custody unit or Biggs Forensic Center, if necessary, as determined by the designated regional mental health manager.
- G. While an offender is receiving services within the corrections treatment center, the medical file will be maintained within the corrections treatment center and the classification file will be maintained by corrections casework staff assigned to the corrections treatment center.
1. The Department of Mental Health will maintain medical/

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psychiatric records while the offender is within the unit.

2. At the time of discharge, the staff of the corrections treatment center will forward the ward chart to the Department of Corrections medical unit. This chart will include the following information:
  - a. discharge summary;
  - b. aftercare plan;
  - c. psychiatric/psychological evaluation; and
  - d. current medication orders.

H. When the corrections treatment center staff believes the offender is ready to transfer to another institution, a treatment summary and request for discharge should be prepared and sent to unit staff, who will follow normal transfer procedures. If an offender must be transferred from the corrections treatment center program on an emergency basis due to noncompliance with the program or assaultive behavior, the offender will be transferred to the administrative segregation unit within the Farmington Correctional Center.

1. Movement to the social rehabilitation unit or another housing unit at the Farmington Correctional Center may occur per standard operating procedures with transfer approval by the designated regional mental health manager.
  - a. Offenders discharged from the corrections treatment center will be accompanied by a 7-day supply of medication, at minimum, to be dispensed by the medical staff at the receiving institution.
  - b. At the time an offender is returned to an institution or sent to a treatment facility, a copy of the ward chart will be incorporated with the medical file. The original treatment/transfer narrative will be retained in the medical file with a copy to the institutional chief of mental health services.

#### IV. ATTACHMENTS:

- A. 931-0730 Reclassification Analysis (RCA) - Mental Health (MH) Needs
- B. 931-0354 Initial Classification Analysis (ICA) - Mental Health (MH) Needs



Effective: May 30, 2003

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## V. REFERENCES:

- A. IS21-1.3 Protective Custody

VI. HISTORY: Previously covered by Division Rule 115.020 Treatment of Emotionally Disturbed, Psychotic or Mentally Impaired Offenders. Original Effective Date: 11-1-80; no revisions.

- A. Original Effective Date: 04-30-91
- B. Revised Effective Date: 10-01-99
- C. Revised Effective Date: 05/30/03



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS

Attachment A

RECLASSIFICATION ANALYSIS (RCA) - MENTAL HEALTH (MH) NEEDS

OFFENDER NAME	DOC NUMBER	DATE OF BIRTH
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INSTRUCTIONS: "X" APPROPRIATE LEVEL AND ENTER THE MH-SCORE

☐ **MH-5 SEVERE FUNCTIONAL IMPAIRMENT DUE TO MENTAL HEALTH DISORDER** (To be completed by Qualified Mental Health Professional)

Offender requires intensive psychiatric treatment at the Biggs Correctional Unit (BTCU) or Corrections Treatment Center (CTC), or, Offender requires frequent mental health contacts, psychotropic medications and a structured living unit in a correctional institution  
All clinical criteria below **must** apply:

- Offender's current mental status shows severe impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,
- Offender is imminently dangerous to self or others as a result of a mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-4 SERIOUS FUNCTIONAL IMPAIRMENT DUE TO A MENTAL DISORDER** (To be completed by Qualified Mental Health Professional)

Offender requires intensive or long-term inpatient or residential psychiatric treatment at the Social Rehabilitation Unit (SRU), Corrections Treatment Center (CTC) or Women's Social Rehabilitation Unit (WSRU) or,  
Offender requires frequent psychological contacts and psychotropic medications to be maintained in a general population setting  
All clinical criteria below **must** apply:

- Offender's current mental status shows impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,
- Offender is gravely psychologically disabled due to a mental disorder or mental retardation,
- Offender is **not** imminently dangerous to self or others as a result of a mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-3 MODERATE LEVEL OF MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional)

Offender requires regular psychological services **and/or** psychotropic medication in a general population setting  
All clinical criteria below **must** apply:

- Offender's current mental status **does not** show any impairment in reality testing ability,
- Offender is **not** imminently dangerous or gravely disabled due to their mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-2 MILD LEVEL OF MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional or authorized manual user)

Offender may benefit from brief episodes of counseling or psychotherapy. Offender can be maintained in a general population setting.  
Clinical Criteria ("X" all that apply)

- ☐ Offender experiences mild or minor mental disorder symptoms that can be treated with psychological interventions
- ☐ Offender's social history contains evidence of a suicide attempt or psychiatric hospitalization within the last 1 year

☐ **MH-1 NO CURRENT MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional or authorized manual user)

Offender **does not** require any routine mental health services. Offender is not requesting any mental health treatment.  
Offender can be maintained in general population setting.  
Clinical Criteria ("X" all that apply)

- ☐ Offender is **not** seeking mental health treatment
- ☐ Offender's social history **does not** contain evidence of suicide attempt or psychiatric hospitalization within the last 1 year

MH - SCORE ►

SIGNATURE OF SCORER

TITLE OF SCORER

DATE



**INITIAL CLASSIFICATION ANALYSIS (ICA) – MENTAL HEALTH (MH) NEEDS**

OFFENDER NAME		DCC NUMBER	DATE OF BIRTH
<b>INSTRUCTIONS: "X" APPROPRIATE LEVEL AND ENTER THE MH-SCORE</b>			
<input type="checkbox"/> <b>MH-5 SEVERE FUNCTIONAL IMPAIRMENT DUE TO MENTAL HEALTH DISORDER</b> (To be completed by Qualified Mental Health Professional)			
<p>Offender requires intensive psychiatric treatment at the Biggs Correctional Unit (BTCU) or Corrections Treatment Center (CTC), or, Offender requires frequent mental health contacts, psychotropic medications and a structured living unit in a correctional institution</p> <p>All clinical criteria below <b>must</b> apply:</p> <ul style="list-style-type: none"><li>• Offender's current mental status shows severe impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,</li><li>• Offender is imminently dangerous to self or others as a result of a mental disorder, and,</li><li>• Offender's mental disorder requires psychotropic medication (although may refuse to take it)</li></ul>			
<input type="checkbox"/> <b>MH-4 SERIOUS FUNCTIONAL IMPAIRMENT DUE TO A MENTAL DISORDER</b> (To be completed by Qualified Mental Health Professional)			
<p>Offender requires intensive or long-term inpatient or residential psychiatric treatment at the Social Rehabilitation Unit (SRU), Corrections Treatment Center (CTC) or Women's Social Rehabilitation Unit (WSRU) or,</p> <p>Offender requires frequent psychological contacts and psychotropic medications to be maintained in a general population setting</p> <p>All clinical criteria below <b>must</b> apply:</p> <ul style="list-style-type: none"><li>• Offender's current mental status shows severe impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,</li><li>• Offender is gravely psychologically disabled due to a mental disorder or mental retardation,</li><li>• Offender is <b>not</b> imminently dangerous to self or others as a result of a mental disorder, and,</li><li>• Offender's mental disorder requires psychotropic medication (although may refuse to take it)</li></ul>			
<input type="checkbox"/> <b>MH-3 MODERATE LEVEL OF MENTAL HEALTH TREATMENT NEEDS</b> (To be completed by Qualified Mental Health Professional)			
<p>Offender requires regular psychological services <b>and/or</b> psychotropic medication in a general population setting</p> <p>All clinical criteria below <b>must</b> apply:</p> <ul style="list-style-type: none"><li>• Offender's current mental status <b>does not</b> show any impairment in reality testing ability,</li><li>• Offender is <b>not</b> imminently dangerous or gravely disabled due to their mental disorder, and,</li><li>• Offender's mental disorder requires psychotropic medication (although may refuse to take it)</li></ul>			
<input type="checkbox"/> <b>MH-2 MILD LEVEL OF MENTAL HEALTH TREATMENT NEEDS</b> (To be completed by Qualified Mental Health Professional)			
<p>Offender may benefit from brief episodes of counseling or psychotherapy. Offender can be maintained in a general population setting.</p> <p>Clinical Criteria ("X" all that apply)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Offender experiences mild or minor mental disorder symptoms that can be treated with psychological interventions</li><li><input type="checkbox"/> Offender's social history contains evidence of a suicide attempt or psychiatric hospitalization within the last 1 year</li></ul>			
<input type="checkbox"/> <b>MH-1 NO CURRENT MENTAL HEALTH TREATMENT NEEDS</b> (To be completed by Qualified Mental Health Professional)			
<p>Offender <b>does not</b> require any routine mental health services. Offender is not requesting any mental health treatment.</p> <p>Offender can be maintained in general population setting.</p> <p>Clinical Criteria ("X" all that apply)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Offender is <b>not</b> seeking mental health treatment</li><li><input type="checkbox"/> Offender's social history <b>does not</b> contain evidence of suicide attempt or psychiatric hospitalization within the last 1 year</li></ul>			
		MH - SCORE ►	
SIGNATURE OF SCORER			
TITLE OF SCORER		DATE	

MATT BLUNT  
Governor

LARRY CRAWFORD  
Director



2729 Plaza Drive  
P.O. Box 236  
Jefferson City, Missouri 65102  
Telephone: 573-751-2389  
Fax: 573-751-4099  
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State of Missouri  
**DEPARTMENT OF CORRECTIONS**

*Ad Excelleum Conamur - "We Strive Towards Excellence"*

**OFFICE OF INSPECTOR GENERAL**

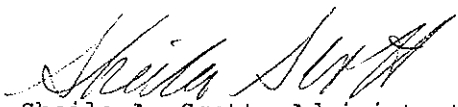
**Compliance Unit**

**M e m o r a n d u m**

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**DATE:** March 30, 2006

**TO:** Institutional Services Policy and Procedure Manual Holders

**FROM:**   
Sheila A. Scott, Administrative Analyst III

**SUBJECT:** IS12-3.1 FRDC/Biggs Correctional Treatment Unit

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Attached is the procedure IS12-3.1 FRDC/Biggs Correctional Treatment Unit which is scheduled to go into effect on May 1, 2006.

Major changes are as follows:

"George Lombardi" changed to "Terry W. Moore".

I. "transfer and discharge procedures" changed to "outcount and discharge procedures"; "transfer" changed to "outcount" in specific sections throughout the procedure.

III.A.10.d. reformatted.

III.E.1. "at immediate risk" changed to "an immediate risk"

III.E.2. rewritten.

III.E.3. reformatted.

III.E.6. rewritten.

III.F.1.b. "The offender will be placed on outcount status and the sending institution will transport" changed to "The sending institution will place the offender on division of adult institutions outcount status and will transport the offender to the Biggs Correctional Treatment Unit."

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III.F.1.b.(1) was rewritten.

III.F.1.d. "When required," added; "analysis" added.

III.F.2. rewritten.

III.G. "Emergency Transfers:" changed to "Emergency Outcounts".

III.G.1. "such as" changed to "including".

III.G.1.f. "custody" changed to "custody staff".

III.G.3.a. "contacts" changed to "will contact".

III.G.3.b. "contacts" changed to "will contact"; "arranges" changed to "arrange".

III.G.5. "business day" changed to "working day".

III.H. "Involuntary Post-Transfer Hearing:" changed to " Involuntary Post-Outcount Hearing:".

III.H.1.a. reformatted.

III.H.2. reformatted.

III.H.3.a. "unless such representation is waived by the offender." deleted.

III.H.5. "report them" changed to "submit a written report"; "chief of mental health services" changed to "institutional chief of mental health services".

III.H.5.a. (old) deleted.

III.H.5.a. previously III.G.5.b.; "approved for transfer" changed to "approved for admission to Biggs Correctional Treatment Unit".

III.I.1. reformatted; other sections renumbered.

III.I.4. "transfer" changed to "discharge"; classification file", "sentence and judgment file" and "education file" deleted.

III.I.4.a. "via the transporting officer." added.

III.I.5. "The property file will be maintained at the sending institution until the offender's property is transferred to another institution." changed to "The property and property file will be maintained at the sending institution until the offender is returned to her/his assigned institution or transferred to an alternate institution."

III.J.1. reformatted.

III.K.1.a. "institutional clothing appropriate for transport," changed to "institutional issued clothing for transport,".

III.K.1.d. "patient" changed to "offender".

III.K.2.b.(1) reformatted; "which will send" changed to "The offender finance office will send".

III.K.3. reformatted; "that unit" changed to "the Biggs Correctional Treatment Unit liaison."

III.K.5. "transferred to another institution." changed to "is returned to her/his assigned institution or transferred to an alternate institution."

III.K.7. reformatted.

III.K.8. & 9. reformatted.

III.L.1. "initiate transfer to the recommended institution." changed to "initiate return to the sending institution with recommendations of the treatment team."

III.L.1.a. is new.

III.L.2. "Upon assignment to another institution," changed to "Upon discharge from Biggs Correctional Treatment Unit,".

III.L.3. rewritten.

III.L.4. rewritten.

IV. A. "Transfer" changed to "Outcount".

V.G. "IS20-1.9 Outcounts" added.

Please review this procedure and place appropriately in your manual.

Thank you.

SAS:vf

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MISSOURI DEPARTMENT OF CORRECTIONS  
INSTITUTIONAL SERVICES  
POLICY AND PROCEDURE MANUAL

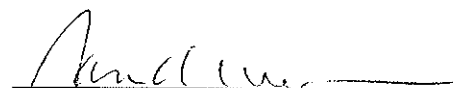
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IS12-3.1 FRDC/Biggs Correctional  
Treatment Unit

Effective: May 1, 2006



Terry W. Moore, Director  
Division of  
Adult Institutions



Randee Kaiser, Director  
Division of  
Offender Rehabilitative Services

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I. **PURPOSE:** This procedure provides for the appropriate utilization of the FRDC/Biggs Correctional Treatment Unit and ensures appropriate outcount and discharge procedures are followed.

A. **AUTHORITY:** 217.175 and Chapter 632 RSMo.

B. **APPLICABILITY:** Standard operating procedures specific to provisions of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, psychiatrist/physician, institutional chief of mental health services, other professional medical providers and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITIONS:**

A. **Biggs Correctional Treatment Unit Caseworker:** The department caseworker who is assigned to perform casework and discharge reclassification functions for the Biggs Correctional Treatment Unit offenders. This position reports to the Biggs Correctional Treatment Unit liaison and may serve as her/his designee.

B. **Biggs Correctional Treatment Unit Coordinator:** A Department of Mental Health employee assigned to coordinate the treatment activities of the Biggs Correctional Treatment Unit.

C. **Biggs Correctional Treatment Unit Liaison:** The department regional mental health manager.

D. **Biggs Correctional Treatment Unit Staff:** Department of Mental Health staff assigned to work within the Biggs Correctional Treatment Unit.

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- E. **Chief of Mental Health Services:** The department central office administrative mental health professional responsible for all department mental health staff and services.
- F. **Director of Psychiatry:** Psychiatrist appointed by the mental health services' contractor responsible for the oversight of psychiatric services provided to department offenders throughout the state of Missouri.
- G. **FRDC/Biggs Correctional Treatment Unit:** A department treatment unit housed within the Biggs Forensic Center primarily for the purpose of providing acute care psychiatric treatment within an inpatient setting.
- H. **FRDC/Biggs Correctional Treatment Unit Staff:** Department staff assigned to work with the Biggs Correctional Treatment Unit.
- I. **Hearing Officer:** A department staff person who conducts post outcount hearings at the Biggs Correctional Treatment Unit for offenders involuntarily outcounted there, usually the designated regional mental health manager.
- J. **Imminent Danger:** There is overwhelming likelihood that the offender will act to harm herself/himself or others in the immediate foreseeable future.
- K. **Institutional Chief of Mental Health Services:** A designated qualified mental health professional who is responsible for the oversight of mental health services at an institution.
- L. **Involuntary Post-Outcount Hearing:** A hearing, chaired by the assigned regional mental health manager, held for an offender who is suffering from a mental disorder for which adequate treatment is not readily available at the institution where she/he is assigned or at another department treatment program.
- M. **Qualified Mental Health Professional:** Includes psychiatrists, physicians, psychologists, psychiatric social workers, psychiatric nurses, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.
- N. **Regional Mental Health Manager:** A department mental health professional assigned to oversee and coordinate the mental health services of offenders within a designated region.

### III. PROCEDURES:

- A. The Department of Mental Health will be responsible for the operation of the Biggs Correctional Treatment Unit and will provide:



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1. an initial evaluation,
2. all program staff necessary to provide a mental hospital program,
3. supplies necessary to provide a mental hospital program,
4. standard psychiatric diagnostic procedures,
5. supervision of offender movement within the unit,
6. basic housekeeping services,
7. food services, and
8. the physical security of the offenders.
9. The Department of Mental Health may initiate commitment proceedings to the Department of Mental Health facility pursuant to the provisions of Chapter 632 RSMo.
10. Fulton State Hospital will provide routine sick call and medical care to Biggs Correctional Treatment Unit offenders.
  - a. Medical emergencies will be handled by the nature of the medical emergency, i.e., provide immediate medical care necessary to protect life. The department contracted medical provider will be contacted for a decision to refer the offender and location of such referral.
  - b. It is clearly understood that in case of an emergency, if there is any difficulty in the transfer or care of the offender, Fulton State Hospital medical staff will be in control of the clinical care and, if necessary, will transport the offender to an outside facility that could provide the care needed.
    - (1) In such emergencies, if custody and transportation by the department is unavailable, transportation will be provided by the Fulton State Hospital staff.
    - (2) The department central transportation unit and contracted medical provider will be contacted with such information for them to assume responsibility for care and custody as soon as possible.
  - c. In cases where nonemergency medical care needs to be provided during the period of time the patient

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is in the Fulton State Hospital, the contracted medical provider will be contacted for approval and disposition of the case.

- d. If the medical condition affecting the offender interferes with her/his psychiatric care, the offender will be discharged to the contracted medical provider assigned by the department to resolve the medical issue.

- (1) After the medical issue is resolved, should the psychiatric condition continue to require acute treatment, the offender can be re-admitted to the Biggs Correctional Treatment Unit.

- e. All expenses incurred by the offender while under the care of the Fulton State Hospital, if not related to routine sick call and psychiatric treatment, should be covered by the contracted medical provider and/or the department.

B. The department will:

- 1. screen outcounts to the unit,
- 2. provide secure transportation to the unit,
- 3. provide state issued clothing as well as shoes that meet the security standards for offenders assigned to the Biggs Correctional Treatment Unit,
- 4. provide correctional classification services to the extent required by the Biggs Correctional Treatment Unit staff,
- 5. provide medical services, including transportation and supervision, required beyond routine sick call, and
- 6. provide consultative and liaison staff.

C. Offenders may be outcounted to the Biggs Correctional Treatment Unit based upon one or more of the following criteria:

- 1. any custody level may be considered for assignment,
- 2. the offender must be medically stable,
- 3. the offender should have a level 5 on the mental health score (although offenders with current mental health scores of 4 or below can be referred to the Biggs Correctional Treatment Unit prior to the formal upgrading of this score),

Effective: May 1, 2006

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4. if the offender has an acute or chronic mental disorder symptom which leads to significant psychological dysfunction in an institution,
5. if the offender poses a significant danger to others or self as a result of mental disorder or mental illness,
6. noncompliance with, or instability on psychotropic medication.

D. Offenders who are not appropriate include those who are:

1. not medically stable,
2. display symptoms of personality disorder, without signs of psychosis or major depression,
3. are chronic discipline problems, or
4. suffer mental retardation only, without the criteria established in III. C.

E. Voluntary Referral Process:

1. When the institutional chief of mental health services or psychiatrist determines that an offender is an immediate risk to herself/himself or others due to mental disorder, the institutional chief of mental health services should contact the designated regional mental health manager/designee to request outcount to the Biggs Correctional Treatment Unit.
2. When the outcount request has been approved by the designated regional manager/designee, the sending institution will initiate the DAI outcount.
3. If the offender is not an immediate danger to herself/himself or others, a caseworker or mental health professional will provide the offender the opportunity to waive her/his rights to a hearing and sign a Notice of Mental Health Outcount format. (Attachment A).
  - a. An outcount request shall be processed by the unit classification staff in accordance with IS5-2.5 Offender Transfers.
4. The mental health professional of the institution requesting to admit the offender will prepare a referral packet and submit it to the Biggs Correctional Treatment Unit caseworker. The packet will include:
  - a. an Application for Admission - Biggs Correctional

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Treatment Unit format (Attachment B),

- b. a clear copy of the Offender Identification Back-Up Card (Attachment C),
  - c. current face sheet,
  - d. past 2 years psychiatric evaluations,
  - e. current psychological referrals,
  - f. list of current medications,
  - g. pre-sentence investigation (PSI), if available,
  - h. Notice of Mental Health Outcount format, signed by the offender and the mental health professional,
  - i. medical files, delivered to Fulton Reception and Diagnostic Center records office,
  - j. Transfer/Receiving Screening - Medical/Mental Health form (Attachment D) completed by health care staff,
  - k. current physical examination,
  - l. current classification diagnostic summary report,
  - m. current Initial Classification Analysis (ICA) - Mental Health (MH) Needs (Attachment E) or Reclassification Analysis (RCA) Mental Health (MH) Needs (Attachment F), and
  - n. a review of release date to plan for possible discharge needs.
5. The designated regional mental health manager/designee will ensure the Biggs Correctional Treatment Unit is aware of the approval and will provide necessary preliminary information regarding the offender.
6. Upon completion of the Initial Classification Analysis (ICA) - Mental Health (MH) Needs or the Reclassification Analysis (RCA) - Mental Health (MH) Needs form by the institutional chief of mental health services and with the approval of the central region manager of mental health services/designee, the offender will be outcounted to Biggs Correctional Treatment Unit.
- a. The medical file should be sent with the officer transporting the offender to Biggs Correctional Treatment Unit for review and follow-up services.

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F. Involuntary Referral Process:

1. When the institutional chief of mental health services or psychiatrist determines that an offender is an immediate risk to herself/himself or others due to a mental disorder and the offender does not wish to voluntarily admit herself/himself to the Biggs Correctional Treatment Unit, the institutional chief of mental health services should notify the designated regional mental health manager/designee.
  - a. Prior to admission, the Biggs Correctional Treatment Unit Coordinator will provide a summary packet to be delivered to Biggs Correctional Treatment Unit staff which will include:
    - (1) Application for Admission to Biggs Correctional Treatment Unit format,
    - (2) a clear copy of the Offender Identification Back-Up Card,
    - (3) current face sheet,
    - (4) current classification diagnostic summary report,
    - (5) past 2 years psychiatric evaluations,
    - (6) current psychological referrals,
    - (7) list of current medications,
    - (8) pre-sentence investigation (PSI), if available,
    - (9) Notice of Mental Health Outcount format, signed by the offender and the mental health professional,
    - (10) medical file, delivered to Fulton Reception and Diagnostic Center records office,
    - (11) Transfer/Receiving Screening - Medical/Mental Health form completed by health care staff,
    - (12) current physical examination, and
    - (13) current initial classification or reclassification analysis score.
  - b. The sending institution will place the offender on division of adult institution outcount status and will transport to the Biggs Correctional Treatment

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Unit.

- (1) The offender will remain on outcount status until returned to her/his sending institution or transferred to an alternate institution.
  - c. If the offender is received from a diagnostic center and the initial classification analysis has not been completed, then it shall be completed by the sending diagnostic center classification staff while the offender is at Biggs Correctional Treatment Unit or upon return of that offender once treatment has been completed.
    - d. When required, a discharge reclassification analysis will be the responsibility of the Biggs Correctionsl Treatment Unit caseworker upon completion of the offender's treatment.
  2. Upon completion of the Initial Analysis (ICA) - Mental Health (MH) Needs or Reclassification Analysis (RCA) - Mental Health (MH) Needs form by the institutional classification staff and the approval of the central transfer authority, the offender will be transported with the classification and medical files to the assigned facility.
- G. Emergency Outcounts:
1. Prior to an emergency outcount to Biggs Correctional Treatment Unit, the following interventions must be attempted onsite, including but not limited to:
    - a. face-to-face evaluation by a qualified mental health professional with special attention to events which may induce stress, alcohol intake, or medication abuse,
    - b. seclusion,
    - c. restraint,
    - d. forced psychotropic medication,
    - e. a head-to-toe assessment by nursing staff to assess any physiological reasons for the mental disorder,
    - f. consultation with custody staff to identify any situations which may induce stress.
  2. To qualify for an emergency outcount to Biggs Correctional Treatment Unit, an offender must be considered to be of imminent danger to self or others due to a mental disorder

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and be unable to be safely managed on-site.

3. Emergency outcounts may be arranged in the following manner:
  - a. the institutional chief of mental health services will contact the on-call psychiatrist and the designated regional mental health manager,
  - b. the designated regional mental health manager will contact the on-call physician for Fulton State Hospital and arrange the admission.
4. All emergency admissions to Biggs Correctional Treatment Unit will be considered involuntary admissions until the offender has received her/his 24 hour hearing notice and has the opportunity to voluntarily agree to treatment.
5. All files will be forwarded to the receiving institution as outlined in section I., 2. and 3. the next working day.

H. Involuntary Post-Outcount Hearing:

1. The hearing officer shall notify the offender within 72 hours of arrival as to the time and place of the hearing and the offender's rights at the hearing.
  - a. The offender will be asked to sign the Notice of Mental Health Outcount format in the appropriate place.
    - (1) This will serve as the 24 hour notice prior to the hearing.
  - b. The offender may waive the 24 hour period by completing the Waiver of Hearing Notification (Attachment G) and the hearing may be held prior to the end of the 24 hour period.
2. The offender should be present at the hearing unless the offender poses an imminent threat of assaultive behavior.
  - (1) In this case, such is to be documented and the hearing should be held without the offender present.
3. The offender may present evidence as to why she/he should not be outcounted to the Biggs Correctional Treatment Unit.
  - a. The Biggs Correctional Treatment Unit caseworker

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should assist the offender in preparing and presenting her/his case.

4. The hearing officer will evaluate and determine that:
  - a. appropriate evaluation procedures have been followed to indicate outcount is needed;
  - b. the offender is in need of psychiatric hospitalization, and
  - c. the offender is suffering from a mental disorder for which adequate treatment is not readily available at the institution where assigned or at another department treatment program.
5. The hearing officer, at the conclusion of the hearing, will prepare a summary of facts and findings and submit a written report to the institutional chief of mental health services with a copy to the Biggs Correctional Treatment Unit program coordinator/designee.
  - a. If the offender is not approved for admission to Biggs Correctional Treatment Unit, she/he will be returned to the sending institution as soon as transportation is available.
- I. While an offender is receiving services within the Biggs Correctional Treatment Unit, the offender's file records should be maintained as follows:
  1. The Department of Mental Health Medical Record will only be maintained by Biggs Correctional Treatment Unit staff.
  2. The Biggs Correctional Treatment Unit will maintain medical/psychiatric records while the offender is within the facility.
  3. At the time of discharge, the staff of the Biggs Correctional Treatment Unit will send copies of at least the following records for placement within the department medical file:
    - a. discharge summary (as soon as available to the department),
    - b. aftercare plan,
    - c. social service assessment,
    - d. current medical orders,



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- e. current treatment plan and treatment plan review,
    - f. intake psychiatric assessment,
    - g. intake medical assessment,
    - h. intake psychological assessment, and
    - i. staff notes for the past 10 days.
  - 4. Upon discharge of the offender from Biggs Correctional Treatment Unit, the medical file will accompany the offender to her/his assigned institution.
    - a. The Fulton Reception and Diagnostic Center records office will oversee transfer of the files via the transporting officer.
  - 5. The property and property file will be maintained at the sending institution until the offender is returned to her/his assigned institution or transferred to an alternate institution.
- J. As often as necessary, but at least once every 60 days following outcount to the Biggs Correctional Treatment Unit, the Biggs Correctional Treatment Unit staff will review the offender's individual treatment plan and status as developed by Fulton State Hospital to determine whether she/he continues to meet the criteria for placement in the Biggs Correctional Treatment Unit.
- 1. Biggs Correctional Treatment Unit staff will prepare a report based on the Fulton State Hospital's treatment plan review indicating whether the offender still meets the criteria.
    - a. Any supporting documentation will be attached to the report.
  - 2. If the Biggs Correctional Treatment Unit treatment staff recommends release, the designated regional mental health manager/designee will initiate transfer procedures to an appropriate department institution.
- K. Related Issues:
- 1. The following personal property may be transported with the offender if the outcount is not an emergency transfer:
    - a. institutional issued clothing for transport,
    - b. legal material, (generally what can be contained in

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- an expanding, accordion type folder 8" x 11" x 2" thick),
  - c. religious material, (generally what can be contained in an expanding, accordion type folder 8" x 11" x 2" thick),
  - d. prosthetic devices (i.e., dentures, eye glasses, hearing aids, artificial limbs, etc.). These items require close scrutiny and approval from security supervisors before the offender is allowed to have them, and
  - e. all other personal property will be retained at the sending institution in accordance with IS22-1.2 Offender Property Control Procedures until such time as the offender is transferred to another institution.
- 2. Offender funds will remain in the offender's existing account.
  - a. The offender may be able to access a portion of her/his account (up to \$30 per week, if available), unless on limited spending due to conduct violations, by completing a Request for Withdrawal of Offender's Personal Funds form (Attachment H) and submitting the form to the Fulton Reception and Diagnostic Center business office.
  - b. The Fulton Reception and Diagnostic Center business office should process the Request for Withdrawal of Offender Personal Funds form through the offender finance office.
    - (1) The offender finance office will send a money order to the Biggs Correctional Treatment Unit for the offender.
- 3. The mail for offenders outcounted to the Biggs Correctional Treatment Unit should be forwarded to the Biggs Correctionsl Treatment Unit liaison.
  - a. Mail should be governed by the procedures for the reception of mail established by the Biggs Correctional Treatment Unit staff.
- 4. Normal probation and parole release procedures will be followed by the Fulton Reception and Diagnostic Center staff.
  - a. Continuity of aftercare should be addressed in the release planning process.

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5. All regular reclassification analysis reviews and other classification processes which would normally occur will be suspended until the offender is returned to her/his assigned institution or transferred to an alternate institution.
6. If an offender death occurs while the offender is anywhere within the Biggs Correctional Treatment Unit, D1-8.5 Offender Death Notifications procedures shall be followed.
7. Under appropriate circumstances, conduct violations may be issued in accordance with IS19-1.2 Conduct Violation Reporting.
  - a. When an offender is determined by treatment staff not to be responsible for her/his behavior due to mental illness, Fulton State Hospital procedures will apply.
8. When an offender requires psychotropic medication on an involuntary basis while at Biggs Correctional Treatment Unit, the applicable hearing process of IS11-67 Forced Psychotropic Medications and IS11-67.1 Involuntary Psychotropic Medications will be followed.
  - a. While at Biggs Correctional Treatment Unit, only psychiatrists may determine the need for psychotropic medication.
9. Visiting will be in accordance with IS13-3.1 Offender Visitors.
  - a. Exceptions may be determined by Biggs Correctional Treatment Unit staff.
- L. Upon completion of the offender's treatment, review will be completed by both the Department of Mental Health and the department staff to determine the best potential placement within the department.
  1. After completion of the review, the Biggs Correctional Treatment Unit Caseworker will initiate return to the sending institution with recommendations of the treatment team.
    - a. If alternate placement is required, this should be initiated by the assigned institution's classification staff in accordance with IS5-2.5 Offender Transfers.
  2. Upon discharge from Biggs Correctional Treatment Unit,

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the offender will be transported by the department staff to the assigned institution.

3. In order to appropriately plan for the offender's discharge from Biggs Correctional Treatment Unit, the central region manager of mental health services/designee will schedule a telephone conference call with the receiving facility's institutional chief of mental health services and other staff deemed appropriate.
4. The designated regional mental health manager/designee will forward copies of documents listed in III.I.1. (This may include duplicate documents of those already in the medical file.)
5. Biggs Correctional Treatment Unit nursing staff will contact the director of nursing at the receiving institution to report on current medications and the general condition of the offender.
6. Whenever possible, the Biggs Correctional Treatment Unit will attempt to provide the department with 24 hours notice of an offender's discharge so that complete discharge/aftercare treatment information can be provided.
7. Offenders will be seen by mental health staff within 1 working day and will be seen by psychiatric staff within 3 working days of transfer to the assigned institution.
8. Psychotropic medications will not be changed for 30 days after return from Biggs Correctional Treatment Unit unless approved by the director of psychiatry and the chief of mental health services.

#### IV. ATTACHMENTS:

- |    |          |  |
|----|----------|--|
| A. |          | Notice of Mental Health Outcount (Format)                              |
| B. |          | Application for Admission - Biggs Correctional Treatment Unit (Format) |
| C. | 931-2902 | Offender Identification Back-Up Card                                   |
| D. | 931-3863 | Transfer/Receiving Screening - Medical/Mental Health                   |
| E. | 931-0354 | Initial Classification Analysis (ICA) - Mental Health (MH) Needs       |
| F. | 931-0730 | Reclassification Analysis (RCA) - Mental Health (MH) Needs             |
| G. | 931-0775 | Waiver of Hearing Notification   |
| H. | 931-1413 | Request for Withdrawal of Offender's Personal Funds                    |

#### V. REFERENCES:

- |    |         |                    |
|----|---------|--------------------|
| A. | IS5-2.5 | Offender Transfers |
|----|---------|--------------------|

Effective: May 1, 2006

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- B. IS11-67 Forced Psychotropic Medications
- C. IS11-67.1 Involuntary Psychotropic Medications
- D. IS12-6.1 Forced and Involuntary Psychotropic Medications
- E. IS13-3.1 Offender Visitors
- F. IS19-1.2 Conduct Violation Reporting
- G. IS20-1.9 Outcounts
- H. IS22-1.2 Offender Property Control Procedures
- I. D1-8.5 Offender Death Notifications

**VI. HISTORY:** Previously covered under 115.020 Treatment of Emotionally Disturbed, Psychotic or Mentally Impaired Inmates. Original Rule Effective: November 1, 1980; Revised: March 14, 1983. 115.040 Transfer to the Department of Mental Health. Original Rule Effective: November 1, 1980; Revised: July 15, 1982.

- A. Original Effective Date: 04-30-91
- B. Revised Effective Date: 12-08-93
- C. Revised Effective Date: 05-01-94
- D. Revised Effective Date: 11-18-97
- E. Revised Effective Date: 04-06-01
- F. Revised Effective Date: 05-30-03
- G. Revised Effective Date: 05-01-06

ATTACHMENT A

DEPARTMENT OF CORRECTIONS  
NOTICE OF MENTAL HEALTH OUTCOUNT

OFFENDER NAME/NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

This is to notify you that you are being transferred to the Biggs Correctional Treatment Unit (BCTU). You have the following rights in this process:

1. You are entitled to written notice that your outcount to the Biggs Correctional Treatment Unit is being considered. This shall serve as that notice.
2. You are entitled to a hearing before a Hearing Officer concerning the outcount. You will be given no less than 24 hours to prepare for the hearing. This form will serve as a 24 hour notification. You may waive the 24 hours by signing the Waiver of Hearing Notice form.
3. During the hearing, evidence will be presented regarding the necessity of this outcount and you shall be given the opportunity to present evidence on your behalf. The hearing will be conducted by a Hearing Officer who shall determine from the evidence presented whether your outcount to the Biggs Correctional Treatment Unit is appropriate.
4. You are entitled to a written statement by the Hearing Officer as to the evidence relied on and the reasons for your outcount.

\_\_\_\_\_  
Central Regional Manager  
Mental Health Services

\_\_\_\_\_  
Date

Should you request a hearing, you will receive notification of the scheduled hearing.

ACKNOWLEDGEMENT OF RECEIPT

I hereby acknowledge that I received a copy of this notice.

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ request a hearing.  
I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ request assistance to prepare for my hearing.  
I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ voluntarily request outcount to the Biggs  
Correctional Treatment Unit.

\_\_\_\_\_  
OFFENDER SIGNATURE/DATE

\_\_\_\_\_  
MH PROFESSIONAL SIGNATURE/DATE

## APPLICATION FOR ADMISSION TO BCTU

DATE \_\_\_\_\_ Referring Psychologist/Inst \_\_\_\_\_

INMATE NAME/NUMBER \_\_\_\_\_ # \_\_\_\_\_

How long at Institution? \_\_\_\_\_ Approved by Jerry Doty? \_\_\_\_\_

Behavioral Description warranting admission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates referrals written by psychologist: \_\_\_\_\_

Psychiatrists: \_\_\_\_\_ Date/s seen? \_\_\_\_\_

Suicide Watch? Full \_\_\_\_\_ Modified \_\_\_\_\_ Ad Seg? \_\_\_\_\_ Close Observ? \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Current Medication: \_\_\_\_\_  
\_\_\_\_\_Institutional Behavior? (Is he a "problem inmate"? --mostly ASPD)  
\_\_\_\_\_  
\_\_\_\_\_

Prior Admissions to Biggs? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE/S \_\_\_\_\_

Past History of Mental Health Treatment? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_

Medical Problems? \_\_\_\_\_

HIV: Date \_\_\_\_\_ Result \_\_\_\_\_ TB: Date \_\_\_\_\_ Result \_\_\_\_\_

Target Date of Admission: \_\_\_\_\_  
-----

HAVE ALL ITEMS FOR ADM PACKET BEEN GATHERED OR DONE?

\_\_\_\_ Diag Summ? \_\_\_\_ Psych Eval? \_\_\_\_ Psych Referrals? \_\_\_\_ PSI? \_\_\_\_ Notice  
of Mental Health Transfer form, signed by inmate and caseworker/  
psychologist. If inmate refuses, psychologist fills it out and  
indicatess refusal. \_\_\_\_ Mental Health Score? \_\_\_\_ Transfer Screening  
Sheet from Medical? \_\_\_\_ Reports for Last 6 months for Suicide  
Intervention or Use of Force?



MISSOURI DEPARTMENT OF CORRECTIONS  
**OFFENDER IDENTIFICATION BACK-UP CARD**

OFFENDER NAME		DOC NUMBER	
OFFENSE			
SENTENCE			
FBI NO.		COUNTY	
SID NO.			
EMERGENCY CONTACT - NAME			
ADDRESS		RELATIONSHIP	
CITY		TELEPHONE NO. ( )	
STATE		ZIP CODE	
RACE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DOB	HAIR
COMPLEXION	BUILD	HEIGHT	EYES
MARKS, SCARS, TATTOOS:		WEIGHT	
		PHOTOGRAPH ON BACK	

MO 931-2902 (9-97)





STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS

**TRANSFER/RECEIVING SCREENING – MEDICAL/MENTAL HEALTH**

**ATTACHMENT D**

Offender Name		DOC Number		Transferring Institution	
				Date	Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Race <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> H <input type="checkbox"/> Other		Date of Birth/Age		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Current Medical Problems		Food Handling Approved <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Mental Health Problems					
Current Medications - Name, Dosage, Frequency					
Current Treatments					
Follow-up care needed					
Last PPD		Results-MM		If positive -- Treatment Dates	
M Score		MH Score		Last Physical	
Chronic Clinics		Duty Status			
Significant Medical History		Pending Specialty Referrals Date/Place			
Physical Disabilities/Limitations		Glasses/Contacts			
Assistive Devices/Prosthetics		Hearing Aid(s)			
I Health History/Concerns					
Substance Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No		Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No		Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No	
History Suicide Attempt Date		History Psychotropic Medication Date		Allergies	
Signature		Title		Date	
Transfer Reception Screening		DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Receiving Institution	
<b>S.O.A.P. FORMAT</b>					
S. Current Complaint			P. Disposition (instructions: check as appropriate)		
Current Medications/Treatment			<input type="checkbox"/> Routine Sick Call – Instructions Given		
O. Behavioral/Physical Appearance			<input type="checkbox"/> Emergency Referral		
T. _____			<input type="checkbox"/> HIV/TB Instruction Given		
P. _____			<input type="checkbox"/> Physician Referral _____		
BP. _____			<input type="checkbox"/> Urgent <input type="checkbox"/> Routine		
A. _____			<input type="checkbox"/> Mental Health Referral		
S. _____			<input type="checkbox"/> Urgent <input type="checkbox"/> Routine		
Printed Name			<input type="checkbox"/> TCU Placement		
			Other		



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
INITIAL CLASSIFICATION ANALYSIS (ICA)

ATTACHMENT E (1 of 7)

OFFENDER NAME		DOC NUMBER	DATE
		JUSTIFICATION	RECOMMENDATION
M - MEDICAL NEEDS	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
MH - MENTAL HEALTH NEEDS	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
P - SECURITY/PUBLIC RISK NEEDS	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
I - INSTITUTIONAL RISK NEEDS	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
E - EDUCATIONAL NEEDS	<input type="checkbox"/> 1 <input type="checkbox"/> 5		
V - VOCATIONAL NEEDS	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
IOSOP COMPLETED		SUBSTANCE ABUSE ASSESSMENT SCORE ▶	
<input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> YES (IF YES, DATE COMPLETED) _____		CUSTODY LEVEL ▶	
OVERRIDE REQUESTED? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, EXPLAIN) _____ _____			
OVERRIDE APPROVED BY (DAI DIRECTOR, CTA MANAGER OR DESIGNEE)			CUSTODY LEVEL WITH OVERRIDE
COMMENTS _____ _____ _____			
DOC SIGNATURE			OFFENDER DOC NUMBER
SCORER - DIAGNOSTIC CENTER AUTHORIZED MANUAL USER			
REVIEWER - UNIT MANAGER, CCW/II OR DESIGNEE			DATE



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS

ATTACHMENT E (2 of 7)

INITIAL CLASSIFICATION ANALYSIS (ICA) – VOCATIONAL (V) NEEDS

OFFENDER NAME

DOC NUMBER

DATE

INSTRUCTIONS: "X" APPROPRIATE LEVEL AND ENTER THE V-SCORE

☐ V-5 NO WORK HISTORY

☐ V-4 UNSKILLED

- Experience: 0-6 Months Training or Specialized Experience in any specific field
- Skill Level: Unskilled
- Training: None Verified

☐ V-3 LOW SKILLED

- Experience: 7-12 Months Training or Specialized Experience in any specific field
- Skill Level: Low-Skilled
- Training: None Verified

☐ V-2 SEMI-SKILLED

- Experience: 13-23 Months Training or Specialized Experience in any specific field
- Skill Level: Semi-Skilled
- Training: None Verified

☐ V-1 SKILLED

- Experience: 24 Months or Longer Training or Specialized Experience in any specific field
- Skill Level: Skilled
- Training: Verified License, Certificate or Degree or Completion of a DOC Vocational Training Program

V - SCORE ►

JUSTIFICATION

RECOMMENDATION

AUTHORIZED BY EDUCATION SUPERVISOR (SIGNATURE)



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS

ATTACHMENT E (3 of 7)

INITIAL CLASSIFICATION ANALYSIS (ICA) – MEDICAL (M) NEEDS

OFFENDER NAME		DOC NUMBER	DATE OF BIRTH
INSTRUCTIONS: "X" APPROPRIATE LEVEL AND ENTER THE M-SCORE			
<input type="checkbox"/> <b>M-5 CHRONIC CARE/SKILLED CARE NEEDED</b>			
<ul style="list-style-type: none"><li>• 24 hour Transitional Care Unit (TCU) Assignment - This may be a temporary or permanent assignment.</li><li>• Schedule II narcotic necessary</li><li>• Unstable and/or non-compliant with treatment, diabetes, grand mal seizure, coronary artery disease, chronic obstructive pulmonary disease or other chronic problem</li><li>• Terminal illness</li></ul>			
<input type="checkbox"/> <b>M-4 LIMITED TRANSITIONAL CARE UNIT (TCU) SUPERVISION REQUIRED</b>			
<ul style="list-style-type: none"><li>• 24 hour nursing staff availability</li><li>• 24 hour Transitional Care Unit (TCU) availability</li><li>• Schedule II narcotics necessary</li><li>• Grand mal seizure free for less than 1 year</li><li>• Moderate COPD, CAD, diabetes, asthma or other chronic problem</li></ul>			
<input type="checkbox"/> <b>M-3 CLINICAL SUPERVISION REQUIRED</b>			
<ul style="list-style-type: none"><li>• 24 hour nursing staff availability</li><li>• No Transitional Care Unit (TCU) but observation is available</li><li>• Grand mal seizure free for 1 year</li><li>• Moderate COPD, CAD, diabetes, asthma or other chronic problems for 1 year</li><li>• Schedule III medications necessary</li></ul>			
<input type="checkbox"/> <b>M-2 ROUTINE SICK CALL</b>			
<ul style="list-style-type: none"><li>• 16 hour nursing staff availability</li><li>• Grand mal seizure free for greater than 1 year</li><li>• Stable COPD, CAD, diabetes, asthma or other chronic problem for 1 year</li><li>• On no controlled medications (Exception: medications for treatment of seizure disorder)</li><li>• No expected date of confinement/delivery date (EDC) within 5 months of arrival to the Missouri Department of Corrections</li></ul>			
<input type="checkbox"/> <b>M-1 NONE</b>			
<ul style="list-style-type: none"><li>• No treatment needs</li><li>• No physical ailments or medical difficulties</li><li>• Not enrolled in a chronic care clinic</li></ul>			
<b>RESTRICTIONS/SPECIAL NEEDS</b>			
<input type="checkbox"/> <b>(R) RESTRICTED:</b> Physical or transfer restrictions apply. Investigate before transfer. (Please "X" ALL restrictions that apply.)			
AMBULATORY			
<input type="checkbox"/> Unable to walk up or down stairs		<input type="checkbox"/> Unable to walk to meals or medical unit	
<input type="checkbox"/> Unable to walk more than _____ yards without assistance		<input type="checkbox"/> Wheelchair requirements	
PERCEPTUAL			
<input type="checkbox"/> Hearing impaired		<input type="checkbox"/> Visually impaired and requires ambulatory assistance	
HEALTH RELATED			
<input type="checkbox"/> High-risk pregnancy; ineligible for CRC		<input type="checkbox"/> Dialysis (must be placed @ MCC for males and WERDCC for females)	
<input type="checkbox"/> Oxygenator or Continuous Positive Airway Passage (CPAP)		<input type="checkbox"/> Unable to participate in physical training	
<input type="checkbox"/> Respiratory isolation (contact statewide medical director for medical clearance): CRCC, ERDCC, FRDC, JCCC, NECC, SCCC, SECC, TCC, WERDCC, WRDCC			
<input type="checkbox"/> <b>(U) UNRESTRICTED:</b> No physical or transfer restrictions apply.			
		<b>M - SCORE</b> ▶	
COMMENTS (PLEASE NOTE ANY INFORMATION THAT WOULD ASSIST IN ASSIGNMENT; I.E., CURRENTLY RECEIVING TREATMENT FROM AN OUTSIDE SPECIALIST, ETC.)			
SIGNATURE OF SCORER		TITLE OF SCORER	DATE



INITIAL CLASSIFICATION ANALYSIS (ICA) – MENTAL HEALTH (MH) NEEDS

OFFENDER NAME

DOC NUMBER

DATE OF BIRTH

INSTRUCTIONS: "X" APPROPRIATE LEVEL AND ENTER THE MH-SCORE

☐ **MH-5 SEVERE FUNCTIONAL IMPAIRMENT DUE TO MENTAL HEALTH DISORDER** (To be completed by Qualified Mental Health Professional)

Offender requires intensive psychiatric treatment at the Biggs Correctional Unit (BTCU) or Corrections Treatment Center (CTC), or, Offender requires frequent mental health contacts, psychotropic medications and a structured living unit in a correctional institution  
All clinical criteria below **must** apply:

- Offender's current mental status shows severe impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,
- Offender is imminently dangerous to self or others as a result of a mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-4 SERIOUS FUNCTIONAL IMPAIRMENT DUE TO A MENTAL DISORDER** (To be completed by Qualified Mental Health Professional)

Offender requires intensive or long-term inpatient or residential psychiatric treatment at the Social Rehabilitation Unit (SRU), Corrections Treatment Center (CTC) or Women's Social Rehabilitation Unit (WSRU) or,  
Offender requires frequent psychological contacts and psychotropic medications to be maintained in a general population setting  
All clinical criteria below **must** apply:

- Offender's current mental status shows severe impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,
- Offender is gravely psychologically disabled due to a mental disorder or mental retardation,
- Offender is **not** imminently dangerous to self or others as a result of a mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-3 MODERATE LEVEL OF MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional)

Offender requires regular psychological services **and/or** psychotropic medication in a general population setting  
All clinical criteria below **must** apply:

- Offender's current mental status **does not** show any impairment in reality testing ability,
- Offender is **not** imminently dangerous or gravely disabled due to their mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-2 MILD LEVEL OF MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional)

Offender may benefit from brief episodes of counseling or psychotherapy. Offender can be maintained in a general population setting.  
Clinical Criteria ("X" all that apply)

- ☐ Offender experiences mild or minor mental disorder symptoms that can be treated with psychological interventions
- ☐ Offender's social history contains evidence of a suicide attempt or psychiatric hospitalization within the last 1 year

☐ **MH-1 NO CURRENT MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional)

Offender **does not** require any routine mental health services. Offender is not requesting any mental health treatment.  
Offender can be maintained in general population setting.

Clinical Criteria ("X" all that apply)

- ☐ Offender is **not** seeking mental health treatment
- ☐ Offender's social history **does not** contain evidence of suicide attempt or psychiatric hospitalization within the last 1 year

MH - SCORE ►

SIGNATURE OF SCORER

TITLE OF SCORER

DATE



**INITIAL CLASSIFICATION ANALYSIS (ICA) – INSTITUTIONAL RISK (I) NEEDS**

OFFENDER NAME

DOC NUMBER

DATE

**INSTRUCTIONS: "X" APPROPRIATE LEVEL AND ENTER THE I-SCORE**

**A. ESCAPE HISTORY**

- ☐ 1 – Not Applicable
- ☐ 3 – City/County Jail Escape Convictions
- ☐ 5 – Perimeter Escape (RDP, SIP, Post Conviction or ITC on Current Offense Cycle)
- ☐ 5 – Community Release Center Escape
- ☐ Prior Perimeter Escape: C Level \_\_\_\_\_ + 1 = \_\_\_\_\_

**B. INSTITUTIONAL ADJUSTMENT WITHIN MISSOURI DEPARTMENT OF CORRECTIONS**

- ☐ 1 – Not Applicable
- ☐ 2 – I-Score at Time of Release
- ☐ I-1
- ☐ I-2
- ☐ I-3
- ☐ I-4
- ☐ I-5

**C. PRIOR INSTITUTIONAL ADJUSTMENT WITHIN DEPARTMENT OF CORRECTIONS OF OTHER STATES OR FEDERAL BUREAU OF PRISONS OR MAJOR CONDUCT VIOLATIONS RECEIVED AT A MISSOURI DEPARTMENT OF CORRECTIONS ITC PRIOR TO INITIAL CLASSIFICATION (ICA)**

- ☐ 1 – No Serious Conduct Violations/Not Applicable
- ☐ 4 – Assault on Offender; Introducing Drugs Into Institution; Dangerous Contraband
- ☐ 5 – Murder; Assault on Staff; Riot; Inciting to Riot; Forcible Sexual Misconduct; Arson
- ☐ 5 – Major Conduct Violations Received at a Diagnostic Center Prior to Initial Classification (ICA)

**I - SCORE ►**



INITIAL CLASSIFICATION ANALYSIS (ICA) – PUBLIC RISK (P) NEEDS

OFFENDER NAME	DOC NUMBER	DATE
---------------	------------	------

INSTRUCTIONS: "X" APPROPRIATE LEVEL AND ENTER THE P-SCORE

**A. TIME TO EXPECTED RELEASE**

Is the offender serving a dangerous felony as described in Manual Instructions Page 16?

IF YES, SCORE AS:

IF NO, SCORE AS:

☐ 1 – 0 to 12 Months to Serve

☐ 1 – 0 to 12 Months to Serve

☐ 2 – 1 to 3 Years to Serve

☐ 2 – 1 to 3 Years to Serve

☐ 3 – 3 to 4 Years to Serve

☐ 3 – 3 to 5 Years to Serve

☐ 4 – 4 to 5 Years to Serve

☐ 4 – 5 to 8 Years to Serve

☐ 5 – 5+ Years to Serve

☐ 5 – 8+ Years to Serve

☐ 2 – Long Term Drug Treatment Referral By the Court According to 217.362 RSMo

**B. DETAINERS, WANTS, WARRANTS, PENDING CHARGES, ACTIVE PROBATION/PAROLE IN VIOLATION STATUS**

☐ 1 – None, Traffic

☐ 2 – Misdemeanor Other Than Traffic

☐ 3 – Class C or D Felony

☐ 4 – Class A or B Felony, Immigration & Naturalization Service (INS) Detainer/Ordered Deported or Excluded, Pending Sex Offense

☐ 5 – Dangerous Felony or Murder 1<sup>st</sup> Degree

**C. VIOLENCE BY HISTORY (CONVICTIONS)**

☐ 1 – None

☐ 2 – One Conviction

☐ 3 – Two Convictions

☐ 4 – Three or More Convictions

**D. EXTENT OF VIOLENCE, CURRENT OFFENSE**

☐ 1 – None

☐ 2 – Threat

☐ 3 – Injury

☐ 4 – Death/Vehicular Manslaughter

**E. SEX OFFENSE**

☐ 1 – Not Applicable

☐ 4 – Current Sex Offense or Referred to the Board for MOSOP Placement

P - SCORE ►



INITIAL CLASSIFICATION ANALYSIS (ICA) – EDUCATIONAL (E) NEEDS

OFFENDER NAME	DOC NUMBER	DATE
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INSTRUCTIONS: "X" APPROPRIATE LEVEL AND ENTER THE E-SCORE

☐ E-5 NO VERIFIED PROOF OF HIGH SCHOOL DIPLOMA OR GED

☐ E-1 EDUCATIONALLY PREPARED

Verified High School Diploma/Transcript/GED Certificate/Special or Exceptional Diplomas (NOT ACCEPTED are: Attendance diplomas or certificates, etc. from accredited or non-accredited schools)

E - SCORE ►

\* IF SPECIAL NEEDS ARE INDICATED, CHOOSE APPROPRIATE HANDICAPPING CONDITION

☐ DB Deaf/Blind

☐ LI Language/Speech Impairment

☐ ED Emotionally Disturbed

☐ OHI Other Health Impairment

☐ MR Mentally Retarded

☐ OI Orthopedic Impairment

☐ MD Multiple Disabilities

☐ SV Speech/Voice

☐ HI Hearing Impaired/Deafness

☐ TBI Traumatic Brain Injury

☐ LD Learning Disability

☐ VI Visually Impaired/Blindness

☐ SSD Sound System Disorder (Articulation and/or Phonology)

☐ SF Speech Fluency

HANDICAPPING CONDITIONS ►

JUSTIFICATION

RECOMMENDATION

AUTHORIZED BY EDUCATION SUPERVISOR (SIGNATURE)





STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS

ATTACHMENT F

RECLASSIFICATION ANALYSIS (RCA) - MENTAL HEALTH (MH) NEEDS

OFFENDER NAME	DOC NUMBER	DATE OF BIRTH
---------------	------------	---------------

INSTRUCTIONS: "X" APPROPRIATE LEVEL AND ENTER THE MH-SCORE

☐ **MH-5 SEVERE FUNCTIONAL IMPAIRMENT DUE TO MENTAL HEALTH DISORDER** (To be completed by Qualified Mental Health Professional)

Offender requires intensive psychiatric treatment at the Biggs Correctional Unit (BTCU) or Corrections Treatment Center (CTC), or, Offender requires frequent mental health contacts, psychotropic medications and a structured living unit in a correctional institution  
All clinical criteria below must apply:

- Offender's current mental status shows severe impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,
- Offender is imminently dangerous to self or others as a result of a mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-4 SERIOUS FUNCTIONAL IMPAIRMENT DUE TO A MENTAL DISORDER** (To be completed by Qualified Mental Health Professional)

Offender requires intensive or long-term inpatient or residential psychiatric treatment at the Social Rehabilitation Unit (SRU), Corrections Treatment Center (CTC) or Women's Social Rehabilitation Unit (WSRU) or,  
Offender requires frequent psychological contacts and psychotropic medications to be maintained in a general population setting  
All clinical criteria below must apply:

- Offender's current mental status shows impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,
- Offender is gravely psychologically disabled due to a mental disorder or mental retardation,
- Offender is **not** imminently dangerous to self or others as a result of a mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-3 MODERATE LEVEL OF MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional)

Offender requires regular psychological services and/or psychotropic medication in a general population setting  
All clinical criteria below must apply:

- Offender's current mental status **does not** show any impairment in reality testing ability,
- Offender is **not** imminently dangerous or gravely disabled due to their mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-2 MILD LEVEL OF MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional or authorized manual user)

Offender may benefit from brief episodes of counseling or psychotherapy. Offender can be maintained in a general population setting.  
Clinical Criteria ("X" all that apply)

- ☐ Offender experiences mild or minor mental disorder symptoms that can be treated with psychological interventions
- ☐ Offender's social history contains evidence of a suicide attempt or psychiatric hospitalization within the last 1 year

☐ **MH-1 NO CURRENT MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional or authorized manual user)

Offender **does not** require any routine mental health services. Offender is not requesting any mental health treatment.  
Offender can be maintained in general population setting.  
Clinical Criteria ("X" all that apply)

- ☐ Offender is **not** seeking mental health treatment
- ☐ Offender's social history **does not** contain evidence of suicide attempt or psychiatric hospitalization within the last 1 year

MH - SCORE ►

SIGNATURE OF SCORER

TITLE OF SCORER

DATE



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
**WAIVER OF HEARING NOTIFICATION**

**ATTACHMENT G**

OFFENDER NAME

DOC NUMBER

TYPE OF HEARING

I understand that I am entitled to 24 hour notice prior to a hearing concerning:

I hereby waive that time period and request that the hearing be held as soon as possible. This is my request and no threats or promises of any kind have been made to me to obtain this waiver of notice.

OFFENDER SIGNATURE

DATE

STAFF WITNESS SIGNATURE

DATE

MO 931-0775 (4-00)

DISTRIBUTION: WHITE - CLASS. FILE    CANARY - OFFENDER



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
**WAIVER OF HEARING NOTIFICATION**

OFFENDER NAME

DOC NUMBER

TYPE OF HEARING

I understand that I am entitled to 24 hour notice prior to a hearing concerning:

I hereby waive that time period and request that the hearing be held as soon as possible. This is my request and no threats or promises of any kind have been made to me to obtain this waiver of notice.

OFFENDER SIGNATURE

DATE

STAFF WITNESS SIGNATURE

DATE

IO 931-0775 (4-00)

DISTRIBUTION: WHITE - CLASS. FILE    CANARY - OFFENDER



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS

REQUEST FOR WITHDRAWAL OF OFFENDER'S PERSONAL FUNDS

		DATE	WITHDRAWAL NO.
<b>CHARGE TO</b>	DOC NUMBER	OFFENDER NAME	
		\$	
<b>PAY TO</b>	NAME	PURPOSE OF CHECK	
RELATIONSHIP - MOTHER, ATTORNEY, FRIEND, VENDOR			
STREET ADDRESS		APPROVED BY	
CITY, STATE, ZIP CODE			

MO 931-1413 (9-01) DISTRIBUTION: BLUE - TREASURER CANARY - BUSINESS MANAGER PINK - DEPOSITOR



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS

REQUEST FOR WITHDRAWAL OF OFFENDER'S PERSONAL FUNDS

		DATE	WITHDRAWAL NO.
<b>CHARGE TO</b>	DOC NUMBER	OFFENDER NAME	
		\$	
<b>PAY TO</b>	NAME	PURPOSE OF CHECK	
RELATIONSHIP - MOTHER, ATTORNEY, FRIEND, VENDOR			
STREET ADDRESS		APPROVED BY	
CITY, STATE, ZIP CODE			

MO 931-1413 (9-01) DISTRIBUTION: BLUE - TREASURER CANARY - BUSINESS MANAGER PINK - DEPOSITOR



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS

REQUEST FOR WITHDRAWAL OF OFFENDER'S PERSONAL FUNDS

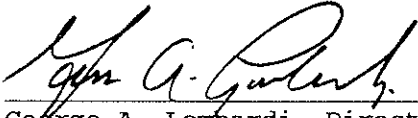
		DATE	WITHDRAWAL NO.
<b>CHARGE TO</b>	DOC NUMBER	OFFENDER NAME	
		\$	
<b>PAY TO</b>	NAME	PURPOSE OF CHECK	
RELATIONSHIP - MOTHER, ATTORNEY, FRIEND, VENDOR			
STREET ADDRESS		APPROVED BY	
CITY, STATE, ZIP CODE			

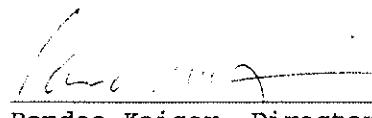
MO 931-1413 (9-01) DISTRIBUTION: BLUE - TREASURER CANARY - BUSINESS MANAGER PINK - DEPOSITOR

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MISSOURI DEPARTMENT OF CORRECTIONS  
INSTITUTIONAL SERVICES  
POLICY AND PROCEDURE MANUAL  
\*\*\*\*\*

IS12-3.5 Women's Social  
Rehabilitation Unit  
(WSRU)

Effective: May 30, 2003

  
George A. Lombardi, Director  
Division of  
Adult Institutions

  
Randee Kaiser, Director  
Division of  
Offender Rehabilitative Services

\*\*\*\*\*

- I. PURPOSE: This procedure establishes guidelines for the efficient operation of the women's social rehabilitation unit at the Women's Eastern Reception, Diagnostic and Correctional Center.
- A. AUTHORITY: 217.175 RSMo
- B. APPLICABILITY: Standard operating procedures specific to provisions of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, psychiatrist/physician, institutional chief of mental health services, other professional medical providers and the superintendent/designee.
- C. SCOPE: Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. DEFINITIONS:

- A. Chief of Mental Health Services: The department of corrections central office administrative mental health professional responsible for all department of corrections mental health staff and services.
- B. Clinical Executive Committee: A committee composed minimally of the health services administrator, the institutional director of nursing, the institutional medical director, the institutional psychiatrist/physician, the institutional chief of mental health services, and the institutional mental health nurse, that meets at least quarterly to address health care issues involving offenders with mental illness.
- C. Institutional Chief of Mental Health Services: A designated

Effective: May 30, 2003

\*\*\*\*\*

qualified mental health professional who is responsible for the oversight of mental health services at an institution.

- D. **Regional Mental Health Manager:** A department of corrections mental health professional assigned to oversee and coordinate the mental health services of offenders within a designated region.
- E. **Women's Social Rehabilitation Unit (WSRU):** A mental health unit within the Women's Eastern Reception, Diagnostic and Correctional Center that provides residential mental health care. The unit is designed to provide the security, medication and counseling services required to maintain the optimum level of institutional and mental health adjustment possible for offenders with significant mental illness. This unit is not intended to provide either acute psychiatric care or intermediate hospital care.

### III. PROCEDURES:

- A. Criteria for admission to the women's social rehabilitation unit are designed to meet the needs of offenders with significant mental illness who cannot adequately function in the general population due to mental illness. Criteria for placement must include a level 4 mental health score and at least one of the following:
  - 1. chronic psychological problems that lead to significant difficulty functioning in the general population, including, but not limited to:
    - a. recurrent victimization due to poor coping abilities,
    - b. poor adherence to rules due to the inability to understand rules, and
    - c. recurring psychotic symptoms,
  - 2. refusal to take psychotropic medication, or is on medication and is not stabilized, or
  - 3. mental retardation where the above criteria are met.
- B. Referral to women's social rehabilitation unit shall be as follows:
  - 1. all referrals to the women's social rehabilitation unit will only be made by the institutional chief of mental health services or psychiatrist and approved by the designated regional mental health manager.
  - 2. The institutional chief of mental health services will evaluate the offender and coordinate transfer through the

Effective: May 30, 2003

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designated regional mental health manager.

3. If the offender is deemed appropriate for transfer to the women's social rehabilitation unit, the institutional chief of mental health services will complete a women's social rehabilitation unit referral packet and send it to the designated regional mental health manager.
4. Documentation recommending referral will include a referral summary by the institutional chief of mental health services. The referral packet will include the following:
  - a. current face sheet;
  - b. current diagnostic summary report from caseworker;
  - c. psychiatric report (if available);
  - d. current mental health evaluation (including behavioral summary and diagnostic impressions);
  - e. list of current medications;
  - f. pre-sentence investigation (PSI), if available;
  - g. admission assessments from Biggs Correctional Treatment Unit (if applicable; and
  - h. Initial Classification Analysis (ICA) - Mental Health (MH) Needs form (Attachment A) or Reclassification Analysis (RCA) - Mental Health (MH) Needs form (Attachment B).
5. The designated regional mental health manager will initiate the appropriate transfer procedures.
6. Prior to transfer, the caseworker will meet with any offender on protective custody status to obtain a signed Protective Custody Needs Assessment Waiver (Attachment C).
7. The transfer requests will be directed through the central transfer authority. Offenders being assigned to an in-house unit will not need to be processed through transfer procedures.

C. Transfer and Discharge Procedures:

1. In all instances, transfers out of the women's social rehabilitation unit must be approved in writing by the designated regional mental health manager. Documentation must include the offender's current ability to manage in the general population.

Effective: May 30, 2003

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2. Placement in another housing unit or transfer to another institution will occur in accordance with standard operating procedures.
3. A Reclassification Analysis (RCA) - Mental Health (MH) Needs form will be completed by social rehabilitation unit staff and sent to classification.
4. Offenders may be placed in the women's social rehabilitation unit for up to 7 days without approval from the designated regional mental health manager. If a longer stay is needed, the designated regional mental health manager's approval must be obtained.
5. Offenders remaining in the women's social rehabilitation unit longer than 90 days must be reviewed by the clinical executive committee at Women's Eastern Reception, Diagnostic and Correctional Center every 90 days.

#### IV. ATTACHMENTS

- A. 931-0354 Initial Classification Analysis (ICA) - Mental Health (MH) Needs
- B. 931-0730 Reclassification Analysis (RCA) - Mental Health (MH) Needs
- C. 931-3564 Protective Custody Needs Assessment Waiver

#### V. REFERENCES:

- A. IS21-1.3 Protective Custody

#### VI. HISTORY: Not previously covered by procedure.

- A. Original Effective Date: 05/30/03



INITIAL CLASSIFICATION ANALYSIS (ICA) – MENTAL HEALTH (MH) NEEDS

OFFENDER NAME

DCC NUMBER

DATE OF BIRTH

INSTRUCTIONS: "X" APPROPRIATE LEVEL AND ENTER THE MH-SCORE

☐ **MH-5 SEVERE FUNCTIONAL IMPAIRMENT DUE TO MENTAL HEALTH DISORDER** (To be completed by Qualified Mental Health Professional)

- Offender requires intensive psychiatric treatment at the Biggs Correctional Unit (BTCU) or Corrections Treatment Center (CTC), or, Offender requires frequent mental health contacts, psychotropic medications and a structured living unit in a correctional institution. All clinical criteria below must apply:
- Offender's current mental status shows severe impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder.
  - Offender is imminently dangerous to self or others as a result of a mental disorder, and,
  - Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-4 SERIOUS FUNCTIONAL IMPAIRMENT DUE TO A MENTAL DISORDER** (To be completed by Qualified Mental Health Professional)

- Offender requires intensive or long-term inpatient or residential psychiatric treatment at the Social Rehabilitation Unit (SRU), Corrections Treatment Center (CTC) or Women's Social Rehabilitation Unit (WSRU) or, Offender requires frequent psychological contacts and psychotropic medications to be maintained in a general population setting. All clinical criteria below must apply:
- Offender's current mental status shows severe impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,
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  - Offender is not imminently dangerous to self or others as a result of a mental disorder, and,
  - Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-3 MODERATE LEVEL OF MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional)

- Offender requires regular psychological services and/or psychotropic medication in a general population setting. All clinical criteria below must apply:
- Offender's current mental status does not show any impairment in reality testing ability,
  - Offender is not imminently dangerous or gravely disabled due to their mental disorder, and,
  - Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-2 MILD LEVEL OF MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional)

- Offender may benefit from brief episodes of counseling or psychotherapy. Offender can be maintained in a general population setting. Clinical Criteria ("X" all that apply)
- ☐ Offender experiences mild or minor mental disorder symptoms that can be treated with psychological interventions
  - ☐ Offender's social history contains evidence of a suicide attempt or psychiatric hospitalization within the last 1 year

☐ **MH-1 NO CURRENT MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional)

- Offender does not require any routine mental health services. Offender is not requesting any mental health treatment. Offender can be maintained in general population setting. Clinical Criteria ("X" all that apply)
- ☐ Offender is not seeking mental health treatment
  - ☐ Offender's social history does not contain evidence of suicide attempt or psychiatric hospitalization within the last 1 year

MH - SCORE ►

SIGNATURE OF SCORER

TITLE OF SCORER

DATE





STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS

Attachment B

RECLASSIFICATION ANALYSIS (RCA) - MENTAL HEALTH (MH) NEEDS

OFFENDER NAME

DCC NUMBER

DATE OF BIRTH

INSTRUCTIONS: "X" APPROPRIATE LEVEL AND ENTER THE MH-SCORE

☐ **MH-5 SEVERE FUNCTIONAL IMPAIRMENT DUE TO MENTAL HEALTH DISORDER** (To be completed by Qualified Mental Health Professional)

Offender requires intensive psychiatric treatment at the Biggs Correctional Unit (BTCU) or Corrections Treatment Center (CTC), or, Offender requires frequent mental health contacts, psychotropic medications and a structured living unit in a correctional institution. All clinical criteria below must apply:

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☐ **MH-4 SERIOUS FUNCTIONAL IMPAIRMENT DUE TO A MENTAL DISORDER** (To be completed by Qualified Mental Health Professional)

Offender requires intensive or long-term inpatient or residential psychiatric treatment at the Social Rehabilitation Unit (SRU), Corrections Treatment Center (CTC) or Women's Social Rehabilitation Unit (WSRU) or, Offender requires frequent psychological contacts and psychotropic medications to be maintained in a general population setting. All clinical criteria below must apply:

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Offender may benefit from brief episodes of counseling or psychotherapy. Offender can be maintained in a general population setting. Clinical Criteria ("X" all that apply)

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Offender does not require any routine mental health services. Offender is not requesting any mental health treatment. Offender can be maintained in general population setting. Clinical Criteria ("X" all that apply)

- ☐ Offender is not seeking mental health treatment
- ☐ Offender's social history does not contain evidence of suicide attempt or psychiatric hospitalization within the last 1 year

MH - SCORE ►

SIGNATURE OF SCORER

TITLE OF SCORER

DATE



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS

Attachment C

NAME OF INSTITUTION

PROTECTIVE CUSTODY NEEDS ASSESSMENT/WAIVER

INMATE NAME

REGISTER NUMBER

HOUSING UNIT

DATE

I have been interviewed this date to determine my protective custody needs. The following statement which I have checked and initialed clearly indicates my need or lack of need for protective custody.

CHECK ☐

INITIALS

STATEMENT

I do not feel that I need protective custody. I am not aware of any enemies among the inmate population, and do not believe I am in any danger.

Because of enemies in the general population I am requesting protective custody for the present time. See attached Enemy Listing (MO 931-3511).

The circumstances or persons which caused me to request protective custody are no longer present in this institution. I therefore request to be released from protective custody back to general population. I assume full responsibility for my safety.

I request release from protective custody status upon my transfer to \_\_\_\_\_

To my knowledge I have no enemies in the population at the above named institution and I will be able to live in its general population.

INMATE SIGNATURE

REGISTER NUMBER

DATE

STAFF WITNESS SIGNATURE

TITLE

DATE

STAFF WITNESS SIGNATURE

TITLE

DATE

I HAVE REVIEWED THE ABOVE REQUEST AND IT IS

☐

APPROVED

☐

DENIED

SIGNATURE OF INSTITUTIONAL HEAD

DATE